2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 13, 2002 8:00 am J70102 **DOCUMENT #** Secretary of State 1. Entity Name AMERICAN CONSOLIDATED GROUP, INC. 02-13-2002 90220 005 ***158.75 Mailing Address Principal Place of Business -8569 SW 137 AVE. -8589-SW 137 AVE. OPORADAG MIAMI FL 99183 **MIAMI-FL 3918**3 2. Principal Place of Business DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 59-2798557 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PENNINGTON, JOHN W., III Street Address (P.O. Box Number is Not Acceptable) . 8569 S.W. 137 AVENUE -MIAMI-FL 33189-8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. LOHN W. PENNINGTON IT SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After Nav 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 'ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ,11. TITLE X Change ☐ Delete TITLE PENNINGTON, JOHN W., III NAME NAME 7832 4W 118 CT. MIAMI FLA 33183 STREET ADDRESS STREET ADDRESS 8567 SW 137 AVE. **MIAMI FL 33183** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

LOHN W. PENNINGTON III

28 Date AND 2

FILED