2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) K06457 **DOCUMENT #** 1. Entity Name PROSPERITY PROPERTIES CORP.

FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90078 013 ***150.00

•			No. of the last of			
Principal Place of Business 11215 NW 44TH ST CORAL SPRINGS FL 33065-7203		Mailing Address 11215 NW 44TH ST CORAL SPRINGS FL 33065-7203				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0018307	Applied For	
Zip	Country	Zip	Country	5 Certificate of Status Desired	Not Applicable 8.75 Additional	
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registered A	ee Required	
Nal						
WU, JAME 11215 NW			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33065						
			City	FL	Zip Code	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printing famile of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.		
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	WU, JAMES G. 11215 NW 44TH ST CORAL SPRINGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	s.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	440 07(0)() 51 11 0 11 11	☐ Change ☐ Addition	

nereby certify that the information supplied with this filing 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: