2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Michael Rentoumis

Mar 26, 2004 8:00 am Secretary of State 03-26-2004 90035 049 ***150.00 DOCUMENT # K55230 1. Entity Name ENVIRODYNE INC. J4091106 Mailing Address Principal Place of Business 4805 NW 2ND AVE 4805 NW 2ND AVE BOCA RATON, FL 33431 BOCA RATON, FL 33431 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0102929 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \square_{-} Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RENTOUMIS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 4805 NW 2ND AVE BOCA RATON, FL 33431 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition Rentoumis, Cher RENTOUMIS, MICHAEL NAME NAME 4805 NW 2nd Ave 4805 NW 2ND AVE STREET ADDRESS STREET ADDRESS Boca Raton, FL 33431 CITY-ST-ZIP BOCA RATON, FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition RENTOUMIS, ANN NAME NAME STREET ADDRESS 1535 EAST LAKE DRIVE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL CITY-ST-ZIP TITLE X Delete Change Addition RENTOUMIS, GEORGE NAME NAME STREET ADDRESS 4805 NW 2ND AVE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

<u>(561) 989–5225</u>