DOCUMENT # K62181

1. Entity Name

CAYMAN MANUFACTURING, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State
01-10-2001 90081 002 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

Mailing Address

01-10-2001 90081 002 ***150.0

1301 SW 34 AVE DEERFIELD BCH F 33442 1301 SW 34 AVE DEERFIELD BCH FL 33442

3. Mailing Address

Suite, Apt. #, etc.

City & State		City & State		4. FEI Number 65-0133023 Applied For		
				Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
DORE	ER, ERIC J		Namborald H FERGUSON			
412 N.E. 4TH ST. FT. LAUDERDALE FL 33301			Street Address (BO, Box Number 1997) DEER FIELD BEACH			
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.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) . DATE						
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5:00 May Be						
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State						
11. OFFICERS AND DIRECTORS			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLÉ	Change Addition		
NAME	FERGUSON, DONALD H.		NAME			
STREET ADDRESS	6105 NW 71ST TERR.		STREET ADDRESS			
CITY-ST-ZIP	PARKLAND FL		CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE		☐ Delete	TITLE	Charige Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	·		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		L. Delete	NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	•		NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE -	Change		
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition		
NAME			NAME			
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP				Desired 440 07/09/) Florids Class and I forther applify that the information		
 I hereby of indicated of the corporated, 	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, y	this tiling does not qualify for t true and accurate and that my were to execute this report a that other like empowered.	ne exemption stated in signature shall have th s required by Chapter 6	Section 119.07(3)(i). Florida Statutes. I further certify that the information to same legal effect as if made under oath; that I am an officer or director 1007, Florida Statutes; and that my name appears in Block 11 or Block 12 if		