2003 FOR PROFIT CORPORATION

Mar 03, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR L23536 **DOCUMENT #** 1. Entity Name 03-03-2003 90432 027 ***150.00 LITGA PROPERTIES, INC. Principal Place of Business Mailing Address 5718 WESTHEIMER STE 1806 5718 WESTHEIMER STE 1806 HOUSTON TX 77057 HOUSTON TX 77057 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 76-0296803 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DICKINSON, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 460 S. INDIANA AVENUE ENGLEWOOD FL 34223 City 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 SIGNATURE Signature, typed or printed name 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME IGLESIAS, ROBERT J. NAME **5718 WESTHEIMER S-2020** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOUSTON TX** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME IGLESIAS, JOSE J. NAME STREET ADDRESS **5718 WESTHEIMER S-2020** STREET ADDRESS CITY-ST-ZIP **HOUSTON TX** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME THORNTON, JOHN P... NAME_ STREET ADDRESS 5718 WESTHEIMER S-2020 STREET ADDRESS CITY-ST-ZIP **HOUSTON TX** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

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 leport 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

CITY-ST-ZIP

STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

PREDINCTOR J. IGLETINS

2-10-03 713-977-5718

FILED