2007 NOT-FOR-PROFIT CORPORATION `

SIGNATURE:

Secretary of State DOCUMENT # N98000005348 02-01-2007 90024 035 ***150.00 LABÓR OF LOVE INTERNATIONAL, INC. Principal Place of Business Mailing Address PIJULUU 140 NE 119 STREET 140 NE 119 STREET MIAMI, FL 33161 MIAMI, FL 33161 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 CR2E037 (12/06) 4. FEI Number 65-0865370 Applied For City & State City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LURIA, HENRY S 140 NE 119 STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33161 Zip Code City FL 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 ered agent. 120/01 SIGNATURE (NOTE: Registered Agent signature required when rainstating) me of registered agent and title if applicable 9. Election Campaign Financing Make check payable to \$5.00 May Be Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. President ☐ Addition PRES TITLE ☐ Delete TITLE NAME HENRY, HENRY S NAME LURIA, HOMRYS. 140 NE 119 Sheet STREET ADDRESS **140 NE 119 STREET** STREET ADDRESS MIAMI, FL 33161 CITY-ST-ZIP CITY-ST-ZIP D ☐ Change ☐ Addition TITLE ☐ Delete LURIA, JOY E NAME NAME STREET ADDRESS STREET ADDRESS 3595 ST. GAUDENS ROAD COCONUT GROVE, FL 33133 CITY-ST-ZIP CITY-ST-ZIP D □ Change Addition TITLE ☐ Delete TITLE OSIASON, LEE NAME NAME 10642 SW 77 AVENUE STREET ADDRESS STREET ADDRESS MIAMI, FL 33156 CITY-S CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS CITY-STOK CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE DAT NAME NAME STREET ADDRESS 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 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 skedute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an acturact, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 01, 2007 8:00 am