2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 22, 2001 8:00 am Secretary of State **DOCUMENT # P00000020536** M & J SUNSHINE, CORP. 03-22-2001 90037 032 ***150.00 Principal Place of Business Mailing Address W.W. 14 AVE. 3308 2. Principal Place of Business 3. Mailing Address NW 41th 5 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 722-37/ 2007 Not Applicable 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 Street Address (P.O. Box Number is Not Acceptable) he purpose of changing its registered office or registered agent, or both, in the State of Florida JOSE F. DCHOA SIGNATURE. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☑ Delete TITLE TITLE SILVA, MARTINA C) 5258 N.W. 114, AVB. #308 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33178 TITLE Delete OCOHOA, JOSE F NAME NAME STREET ADDRESS 5258 NW. 114 AVE. #308 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33178 ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered. JOSE F. OCHDA SIGNATURE: 🗡

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

309-3316979