FILED
May 06, 2003 8:00 am
Secretary of State

04-10-2003 90153 014 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020673

1. Entity Name
LEGALPLANDEPOT.COM, INC.

55038013

Principal Place of Business	Mailing Address
8109 SW 157TH CT MIAMI, FL 33193	8109 SW 157TH CT MIAMI, FL 33193

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5201 BLUE LAGOON DR	5201 BLUE LAGOON DR
Suite, Apt. #, etc.: 8TH FLOOR	Suite, Apt. #, etc.: 8TH FLOOR
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33126 Country: USA	Zip: 33126 Country: USA

4. FEI Number: 65-0990867 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FIAGOME, CLEMENCE K LEGALPLANDEPOT.COM,INC. 5201 BLUE LAGOON DR., STE 800 MIAMI, FL 33126	Name: CLEMENCE K. FIAGOME Street Address (P.O. Box Number is Not Acceptable): 5201 BLUE LAGOON DR 8TH FLOOR City: MIAMI FL Zip Code: 33126

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] 5-2-03

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: FIAGOME, CLEMENCE K STREET ADDRESS: 8109 SW 157TH CT CITY-ST-ZIP: MIAMI, FL 33193	☐ Delete	TITLE: DP NAME: FIAGOME, CLEMENCE K. STREET ADDRESS: 5201 BLUE LAGOON DR - 8TH FLOOR CITY-ST-ZIP: MIAMI, FL 33126	☑ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: DTS NAME: WATSON, ANGELLA L. STREET ADDRESS: 5201 BLUE LAGOON DR - 8TH FLOOR CITY-ST-ZIP: MIAMI, FL 33126	☐ Change ☑ Addition
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CR2E034 (10/02)

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.

SIGNATURE: [signature] 5-2-03 305-386-7945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #