FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91835 032 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022345

1. Entity Name
BACKBONE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
8838 S.W. 129TH TERR. MIAMI, FL 33176	8838 S.W. 129TH TERR. MIAMI, FL 33176

2. Principal Place of Business	3. Mailing Address
2335 NW 149 St	2335 NW 149 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33054 Country: US	Zip: 33054 Country: US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0991052 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROUSSARD, CARL
6850 S.W. 115 STREET
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 2335 NW 149 St
City: Miami FL Zip Code: 33054

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] Carlos Broussard 4-30-03
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: PT NAME: BROUSSARD, CARL STREET ADDRESS: 8838 SW 129 TER CITY-ST-ZIP: MIAMI, FL 33176	☐ Delete	TITLE: PTS NAME: STREET ADDRESS: CITY-ST-ZIP:	☑ Change ☐ Addition
TITLE: SVP NAME: BROUSSARD, MEREDITH STREET ADDRESS: 8838 SW 129 TER CITY-ST-ZIP: MIAMI, FL 33176	☑ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ 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] 4-30-03 305-688-7005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #