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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

May 19, 2003 8:00 am Secretary of State DOCUMENT # P00000024347 05-19-2003 90222 017 ***150.00 1. Entity Name MAUI NIX OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 635 N. ATLANTIC AVENUE 635 N. ATLANTIC AVENUE DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. TI CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-3648538 Not Applicable -- Zip-Country 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 LABRET, STEVEN M Street Address (P.O. Box Number is Not Acceptable) 226 HILLCREST STREET ORLANDO FL 32801 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 the obligations of registered agent. 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/02) TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME KARAMITOS, GEORGE STREET ADDRESS STREET ADDRESS 635 N. ATLANTIC AVENUE CITY-ST-ZIP CITY-ST-ZIF DAYTONA BEACH FL 32118 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME KARAMITOS, NICK STREET ADDRESS STREET ADDRESS 635 N. ATLANTIC AVENUE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32118 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME KARAMITOS, PETE STREET ADDRESS STREET ADDRESS 635 N. ATLANTIC AVENUE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32118 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 that 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 Chapte 607, Fig. ida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered to execute this report as required by changed, or on an attachment with an address, with all other like empowered. SIGNATURE REQUIRE

SIGNATURE: