FILED Feb 12, 2002 8:00 am Secretary of State P00000025667 DOCUMENT # 1. Entity Name MYATT HOLDINGS INC

MATTIOEDINGS, INC.			02-12-2002 90052 001 ***158.75		
incipal Place of Business Mailing Address 12000 BISCAYNE BLVD. 117E 103 SUITE 103 MIAMI FL 33181 MIAMI FL 33181					
2. Principal Place of Business 11900 6 13 C KYAL 6 1.0 Suite, Apt. #, etc. 262	3. Mailing Address Bucyan Blud Suite, Apt. #, etc. 262		DO NOT WRITE IN THIS SPACE		
City & State HILAMI FL	City & State	-c	4. FEI Number 65-0990718	Applied For Not Applicable	
33181 Country	^{Zip} 33181	Country .	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERMAN, DAVID M 13500 N. KENDALL DRIVE			7. Name and Address of New Registered Agent		
		Name			
		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
		Siteet Address (F.O. Box Number is Not Acceptable)			
SUITE 129			******		
MIAMI FL 33186				1.	
MIAMI FL 33100		City		FL Zip Code	
8. The above named entity submits this statement for SIGNATURE Signature, typed or printed name of registered agent		egistered office or registe	ered agent, or both, in the State of Florida.	ATE	
Tax filing requirement and elects to do so.		FEE IS \$150.00 Fee will be \$550.00 to Department of St	e will be \$550.00 Trust Fund Contribution Added to Fees		
11. OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11	
TITLE D NAME MYATT, STANLEY STREET ADDRESS CITY-ST-ZIP MIAMI FL 33181	☐ Delete	NAME STREET ADDRESS 11 9	richest & Director Roley Myatt BO / BISCAPPIC Blad #2 KMI, FL 3318/	Change Addition	
TITLE		Co.		——————————————————————————————————————	

TITLE ■ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ___Cbange ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 like empowered.

SIGNATURE:

301-981-9951