2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P0000026423 1. Entity Name IMPUMO INT'L, INC. 04-26-2001 90241 025 ***150.00 Principal Place of Business Mailing Address 2271 W 78TH ST 2271 W. 78TH ST. HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address 8900 NW 119TH STREET Suite, Apt. #, etc. Suite, Apt. #. 9720 PINES BLVD. DO NOT WRITE IN THIS SPACE PEMBROKE PINES. FL 33024-6221 City & State 4. FEI Number Applied For HIALEAH GARDENS 59-3632253 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33019 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSARIO, MISAEL Street Address (P.O. Box Number is Not Acceptable) 2271 W: 78TH ST: 8900 nw 119th street HALEAH FL 33016 HIALEAH GARDENS, FL 33019 City Zin 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 Fiorida Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TTS TITLE TITLE CR2E034 (10/00) Delete ☐ Change Addition NAME ROSARIO, MISAEL NAME STREET ADDRESS 16810 S.W. 52ND PL. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP FT. LAUDERDALE FL 33331 TITLE Delete 1111.5 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delate 1018 ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CiTY-ST-ZiP CITY-ST-ZIP ☐ Delete THE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE COLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3171.5 ☐ Change ☐ Delete 1018 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CIEY-S1-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR