


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90121 011 ***150.00

DOCUMENT # <u>P00000002600</u>	
1. Entity Name <u>Always Hot Products Inc.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1310 SW 22nd</u>		3. Mailing Address <u>Same</u>	
Suite, Apt. #, etc. <u>House</u>		Suite, Apt. #, etc.	
City & State <u>Boynton Beach, FL</u>		City & State	
Zip <u>33426</u>	Country <u>USA</u>	Zip	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>65-0993739</u>		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <u>Joseph F. Lopez</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>250 15th Road</u>			
Suite <u>250</u>			
City <u>Coral Gables</u>			FL Zip Code <u>33146</u>

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 Bo Wallin 4.4.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Pres</u> <u>Bo Wallin</u> <u>1310 SW 22nd</u> <u>Boynton Beach FL 33426</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4.4.05 954-854-0171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)