-2031 UNIFORM BUSINESS REPORT (UBR) P000000 33 MS DOCUMENT # 1. Entity Name BELRETARY OF STATE ON ISION OF CORPORATIONS Dega Corp. 01 OCT -3 AM 9: 46 Principal Place of Business Mailing Address 4954 SW 31 Tellace 4954 31 Tellace Fort Lauderdale, FL 33312 Fort Cauderdale, FL 33312 900004629329---****150.00 ****150.00 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0998429 Not Applicable 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 Rodrigo Patino 4954 JSW 3/ Terrace Street Address (P.O. Box Number is Not Acceptable) Fort Lauderdale, FL 33312 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150:00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 secretary Treasurer Change kyle R. Newton
14861 Enclave Preserve Circle # [3 CR2E034 (11/00 TITLE President Delete πLE Rodrigo Ratino 4954 SW 31 Terrace Fort Landerdale, For Vice President NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 33312 TITLE ☐ Delete ☐ Change Addition MILE Jeffrey L. Aikens 6102 SW 2M Street NAME NAME STREET ADDRESS STREET ADDRESS Plantation FL 33317 CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition me TTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Change ☐ Addition (21019 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or those 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: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



9/29/01

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, Fl 32302-1500

To Whom It May Concern:

This is to inform you that I have never received my Uniform Business Report notice for January 2001 or a second notice in August 2001. Upon speaking to a representative in your office on September 21st, 2001, explaining my situation as instructed I am sending you this information along with the \$150.00 fee. I am sorry for any inconvenience that this may have caused.

Sincerely,

Rodrigo Patino

CEO