FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 01, 2002 8:00 am Secretary of State DOCUMENT # **P000000**35224 05-01-2002 91561 041 ***150.00 LOBOS LATHING, INC. Principal Place of Business Mailing Address MILLO S. 14th COURT 642755 SAME LANTANA, FL 33462 2. Principal Place of Business 1110 S. 14th COURT 3. Mailing Address SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For LANTANA, FL 33462 65-0998161 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Hegistered Agent 7. Name and Address of New Registered Agent MARTIN MUNIVE 1110 s. 14th COURT Street Address (P.O. Box Number is Not Acceptable) LANCANA FL 33462 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be ींax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Change Change Addition MARTIN MUNIVE NAME NAME 7110 S. 14th COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANTANA FL 33462 CITY-ST-ZIP TITHE Delete TITLE Change Addition 3 VINUM OFTOMIT NAME illo S. 14th COVET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANTANA FL 37462 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete [7] Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE: X Martin Munive 4/16/02

changed, or on an attachment with an address, with all other like empowered