2003 FOR PROFIT CORPORATION

FILED May 05, $2003 8:00 \text{ am} \frac{3}{8}$ **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P00000035444 DOCUMENT # 05-05-2003 91454 009 ***150.00 1. Entity Name CYMBIOS, INC. Mailing Address Principal Place of Business 421 S. FEDERAL HIGHWAY 421 S. FEDERAL HIGHWAY DANIA FL 33004 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address 954 SW1144. 954 SW Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0999598 FT. LAUNERO Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired **3337** Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PANNELL ADAMS BOOKKEEPING SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 421 S. FEDERAL HIGHWAY DANIA FL 33004 FT. LAUDERDOCK 8. The above named entry 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 SIGNATURE nd title if applicable (NOTE: Registered Agent signature required when reinstating) ture, typed or printed name of registered FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE □ Delete TITLE Change Addition PANNELL, FRED JR. NAME NAME STREET AUDRESS 954 SW 114TH TERRACE STREET ADDRESS DAVIE FL 33325 CITY-ST-7IP CITY-ST-ZIP .. TITLE ΡĎ ☐ Delete TITLE Change ☐ Addition NAME QUALLS, WILLIAM NAME STREET ADDRESS STREET ADDRESS 16340 S. POST RD., APT. 302 CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33331 TITLE **VDP** ☐ Delete TITLE ☐ Change ☐ Addition NAME HOWLAND, BRUCE NAME STREET ADDRESS STREET ADDRESS 8820 S. LAKE DASHA DRIVE CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROZENFELD, NATHAN NAME STREET ADDRESS STREET ADDRESS 161 SW 84TH AVE., APT. 201 CITY-ST-ZIP PEMBROKE PINES FL 33025 CITY-ST-ZIP ☐ Delete TITLE TITLE Change . ☐ Addition NAME BEHAN, JAMES S NAME STREET ADDRESS **4777 RAPIDS CIRLCE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ACWORTH GA 30102 TITLE TITLE ☐ Change Addition CHAPMAN, NEIL C NAME NAME

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered FROOPSIONITE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

8910 S. LAKE DASHA DR

PLANTATION FL 33324

STREET ADDRESS

CITY-ST-ZIP