FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am Secretary of State DOCUMENT # P0000035622 BOOMER U.S.A., INC. 05-03-2001 90079 007 ***150.00 Principal Place of Business Mailing Address 2400 EAST COMMERCIAL BLVD. #820 2400 EAST COMMERCIAL BLVD. #820 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country Country Zip \$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 Name CLARK, THOMAS M Street Address (P.O. Box Number is Not Acceptable) 2400 EAST COMMERCIAL BLVD. #820 FORT LAUDERDALE FL 33308 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. BENEF VOULTBEFORE DIMENSIONERS TITLE ☐ Delete TITI F STRANGE, DONALD C STANGE, DONALD C NAME P.O. BOX 480045 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33348-0045 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete BENITEZ, DIANA NAME NAME 1245 IMPERIAL POINT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this thing 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 eath; that I am an efficer or director of the corporation or the receiver or trustee employed 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 attathment with an address, with an other like empowered.

CIONIATUDE

MANY PANALOS BONALD C. STANGE

4/27/01

(954) 2930-9356