|                            | PROFIT CORPOBUSINESS REPO |  |
|----------------------------|---------------------------|--|
| DOCUMENT #  1. Entity Name | P00000043605              |  |
| THE JEM GROUP OF S         | OUTH FLORIDA, INC.        |  |

| 1. Entity Name THE JEM GROUP OF SOUTH FLORIDA, INC.  |  |             |                         |       |         |        | 05-05-2003 91182 021 ***150.00       |                           |             |           |                   |
|--|--|-------------|-------------------------|-------|---------|--------|--------------------------------------|---------------------------|-------------|-----------|-------------------|
|  | ce of Business<br>RD BLD. C-11<br>IEEK FL 33073                              |             | ddress<br>NS RD. BLD. C |       |         |        |                                      |                           |             |           |                   |
| 2, Principal Place of Business 4700 Lyons Technology Perklan 4700 Lyons Technology   |  |             | nology                  | Parku | 46.~g   |        |                                      |                           |             |           |                   |
| Suite, Apt.  | #,letc. 3 \ 1  | Suite, A    | pt1#, etc.              | 7 (   |         | '      |                                      | ☐ CHECK HEF               | E IF MAKING | G CHANGES |                   |
| City & Stat  | t Creek FL   | City & S    | tate<br>to Crock        | ۶۷    | _       | -      | 4. FEI Numb                          | er 65-101158              | 7           | <u> </u>  | ot Applicable     |
| 336 <b>7</b> 3   | Country  | Zip 33 473  |                         | Coun  | try     | _ !    | 5. Certificate                       | of Status Desired         |             | \$8.75 Ad |                   |
| Jacob  | 6. Name and Address of Currer  |             |                         | 100   |         |        |                                      | Address of New            | Registered  |           |                   |
|  | Mark<br>NS RD., BLD. C-11<br>F Creek FL 33073                                | ·           |                         |       | Sheet A |        | neisel<br>D. Box Number<br>S Technol | er is Not Acceptate       | ole)        |           |                   |
|  |  |             |                         |       | City    | econut | Cook                                 | <del>-</del>              | FL          | Zin Coo   | le l              |
| 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  Signature, 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  FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing  \$5.00 May Be |  |             |                         |       |         |        |                                      |                           |             |           |                   |
|  | r May 1, 2003 Fee will be \$550.0<br>k Payable to Florida Department         |             |                         |       |         |        | l l                                  | ust Fund Contribut        |             |           | May Be<br>to Fees |
| 10.  | <del></del>  | D DIRECTORS |                         | 11.   |         |        | ADDITIONS/                           | CHANGES TO O              | FICERS AND  | DIRECTOR  | S IN 11           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PSTD<br>KREISEL, MARK<br>6601 LYONS RD., BLD. C-11<br>COCONUT CREEK FL 33073 |             | ☐ Delete                |       | E ]     | 4700 C | iyons Tech                           | nelogy Porkwe<br>FL 33073 | ۲۰          | Change    | Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |             | ☐ Delete                |       |         |        |                                      | <u>.</u>                  |             | ☐ Change  | ☐ Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |             | ☐ Delete                |       |         |        |                                      |                           |             | ☐ Change  | Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |             | ☐ Delete                |       |         |        |                                      |                           |             | ☐ Change  | ☐ Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | **          | Delete                  |       |         |        |                                      |                           | -           | ☐ Change  | ☐ Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |             | ☐ Delete                |       |         |        |                                      |                           |             | ☐ Change  | Addition          |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: