FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Aug 18, 2002 8:00 am Secretary of State P00000054615 DOCUMENT # 1. Entity Name 01-30-2002 90123 003 ***158.75 CITRACOM.COM, INC. Principal Place of Business Mailing Address 14923 PADDOCK DRIVE 14923 PADDOCK DRIVE WELLINGTON FL 33414 WELLINGTON FL 33414 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 65-1013991 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired K Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Rejean Lapierre LAWRENCE E BLACKE PA Street Address (P.O. Box Number is Not Acceptable) 3326 NE 33 STREET 7800 West Oakland Park Blvd Building " G " FT LAUDERDALE FL 33308 City Sunrise is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CEO, Treasurer, Ex. VP X Delete TITLE (9/01) FICARELLI, KAREN 14923 PADDOCK BRIVE NAME PIAZZA, JOSEPH F. NAME STREET ADDRESS STREET ADDRESS 3040 NE 42 ST CITY-ST-ZIP WELLINGTON FL 334 CITY-ST-ZIP FORT LAUDERDALE, FL TITLE Delete TITLE PRES., Secretary Change ☐ Addition PIAZZA, JOSEPH F 3040 NE 42 ST FICARELLI, KAREN NAME NAME STREET ADDRESS STREET ADDRESS 14923 PADDOCK DRIVE CITY-ST-ZIP FOBFLAUDERDALE FL 33308 CITY-ST-ZIP WELLINGTON FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP RILE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP CITY-ST-ZIP TETLE ☐ Delete DILE. ☐ Change ☐ Addition NAME NAME STREET ADDRESS STRÉET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered. SIGNATURE:

CEO

Attachman & Dm, Inc. ington Florida 33414 Gax: 509-463-6311

CitraCom.com, Inc.

14923 Paddock Drive, Wellington Florida 33414 Phone: 561-792-9855 Fax: 509-463-6311

E-mail: rif@citracom.com_

#P60000054615

August 12, 2002

Mrs. Barbra Mitchel
Re-instatement Department
Division of Corporations
Uniform Business Report Filings
PO Box-1500——
Tallahassee, Florida 32302-1500

Re: CITRACOM.COM, INC.

Dear Mrs. Mitchel:

As per our telephone conversation and your instructions, you asked me write your office and to point out to you that we had never received a letter requesting an additional signature be sent. Likewise, when we saw that you had cashed our check, we naturally assumed that all was handled and ok with your office.

Upon calling and speaking to your office regarding the where-a-bouts of the certificate we ordered, we just found out from you that there was a problem and that you still needed another signature.

Therefore, as per our conversation and your instructions to me, I have attached another copy of the CITRACOM.COM, INC. 2002 Uniform Business Report with the added original signatures where you requested.

Thank you for handling this for us.

Sincerely.

Richard Ficarelli
Office Manager

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