FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am Secretary of State

| ONITORIA DOSINESS REPORT (OB | |
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| DOCUMENT # 100000062823 | |
| 1. Engly Name 10000006 2823 | |
| I KENEGALE Trading Conjung, INC. | |
| Lawrence T. Bente | |
| Occie | |
| | |
| DO NOT WRITE IN THIS SPACE | |
| | |
| Principal Place of Business 3. Mailing Address | |
| | c Lea Di |
| Suite, Apt. #, etc. | DO NOT WRITE IN THIS SPACE |
| City & State City & State | 4. FEI Number . Applied For |
| Davie, FL Davie, 1 | -L 65-1014780 Not Applicable |
| Zip 22 Zij Country / , - 1 Zip 2227 Country | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| 33331 USA 33331 C | 7. Name and Address of Current Registered Agent |
| Name / | |
| DO NOT WRITE Lawrence (v) Bente Street Address (P.O. Box Number is Not Acceptable) | |
| 6 HA West Informed Par 10010 | |
| IN THIS SPACE | |
| | ity \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | Davre FL 33331 |
| 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. | |
| // She to /Laurence The to 27 Air 2002 | |
| SIGNATURY Four Signature typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE On the signature of the signature of the signature required when reinstating) | |
| 9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 | |
| Tax filing requirement and elects to do so. After May 1, Fee is \$ Amended UBR is \$ | |
| (See criteria on back) Make Check Payable to Depa | |
| 11. OFFICERS AND DIRECTORS | |
| THE D, P, T | DRESS DAVIE, FL 33331 |
| STREET ADDRESS 12 CON STREET AD | DRESS 6340 West Falous Lea Drive |
| NAME STREET ADDRESS 12694 NW 14 PLACE CITY-ST-ZIP SWWT{SE, FL 33323 CITY-ST-ZIP | Davie FL 33331 |
| TITLE TITLE | DRESS BRESS Lea Drive Bress Lea Drive Bress Davie, FL 33331 |
| NAME | A.A. |
| STREET ADDRESS STREET AD CITY- ST-ZIP CITY- ST-Z | · • |
| | 3 |
| TITLE NAME NAME | |
| STREET ADDRESS STREET AD | DO NOT MOTE |
| CITY-ST-ZIP CITY-ST-Z | DO NOT WRITE |
| TITLE | IN THIS SPACE |
| NAME NAME | |
| STREET ADDRESS STREET AD CHY-ST-ZIP CHY-ST-ZIP | * I |
| TITLE TITLE * | A CONTRACTOR OF THE CONTRACTOR |
| NAME NAME | |
| STREET ADDRESS . STREET AD | |
| CITY-ST-ZIP CITY-ST-Z | P 🔅 |
| TITLE NAME AND TO SERVICE AND TO SER | C. The saw |
| NAME NAME STREET ADDRESS STREET AD |) |
| CITY-ST-7/P CITY-ST-7 | 6 L |
| 13. I hereby certify that the information supplied with this filling does not qualify for the exemption | on 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 on an | |
| attachment with an address, with all other like empowered. | |
| SIGNATURE AND PURE LAWRENCE T Blute 23 Aprilo2 (561) 2396442 | |