SIGNATURE:

FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 21, 2002 8:00 am Secretary of State P00000065603 DOCUMENT # 1. Entity Name 05-21-2002 91175 011 ***150.00 CRYSTAL SPIRITS INC. Mailing Address Principal Place of Business 12465 2ND STREET E #B-105 10810 72ND ST. TREASURE ISLAND FL 33706 **STE 206** LARGO FL 33777 3. Mailing Address 2. Principal Place of Business 100 73rd AVE N 10810 72nd Street Suite, Apt. #, etc. #206 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3654053 St. Petensburg, FL Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required PINELLAS 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOLSHAKOV, VICTOR **BOLSHAKOV, VICTOR** Street Address (P.O. Box Number is Not Acceptable) 12465 2ND ST. EAST 100 73nd AVE N **STE B105** Zip Code 33 702 **LARGO FL 33706** City St. Petersburg 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 VICTOR BOLSHAKOV SIGNATURE (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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE NAME **BOLSHAKOV, VICTOR** STREET ADDRESS 10810 72ND STREET, SUITE 206 STREET ADDRESS CITY-ST-ZIP **LARGO FL 33777** CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME DANILOV, ALEXANDER S NAME STREET ADDRESS 10810 72ND STREET, SUITE 206 STREET ADDRESS CITY-ST-ZIP LARGO FL 33777 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME **BOLSHAKOV, VICTOR** NAME STREET ADDRESS 10810 72ND STREET, SUITE 206 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33777 Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.