2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2001 8:00 am Secretary of State DOCUMENT # P00000073744 ECONOMY LEGAL SERVICES INC. 03-28-2001 90004 049 ***150.00 Principal Place of Business Mailing Address 7205 CURRY FORD RD. 7205 CURRY FORD RD. ORLANDO FL 32822 ORLANDO FL 32822 2. Principal Place of Business 3. Mailing Address SAME SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ---59-36761-1-5-- Not Applicable. \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TORRES, ALICIA C Street Address (P.O. Box Number is Not Acceptable) 7205 Curry Food Rd. SuiteZ ORLANDO FL 32822 City 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 Atter MAY 1, 2001 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. [] Change **Addition** Delete TITLE TITLE **PRESIDENT** NAME NAME JOSE A. FERNANDEZ STREET ADDRESS STREET ADDRESS 7205 CURRY FORD RD. CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32822 ☐ Delete TITLE X Change TITLE VICE-PRESIDENT NAME NAME ALICIA C. TORRES STREET ADDRESS STREET ADDRESS 1014 VIGO AVE, ORLANDO, FL 32822 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR