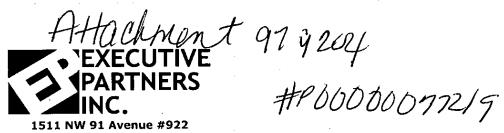
2001 UNIFORM BUSINESS REPORT (UBR)

Sep 17, 2001 8:00 am Secretary of State DOCUMENT # P000000 77219 Executive Partners Inc. 09-17-2001 90131 046 ***150.00 Mailing Address Principal Place of Business 1511 NW 91 Street 1511 NW 91 Street 979204 # 422 Coral Spring, FL 33071 Coral Springs, FL 33071 3. Mailing Address 91 Avenue 2. Principal Place of Business 1511 NW 91 Avenue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 922 4. FEI Number 65-1033353 Applied For Coral Springs City & State Springs, Florida Florida Not Applicable Country zip 3337(\$8.75 Additional 5. Certificate of Status Desired USA-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sonny Rincon NW 91 Avenue Street Address (P.O. Box Number is Not Acceptable) # 930 Coral springs, Fr 33071 Zin Code 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!!! PEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President 1 C. E.O CR2E034 (11/00 Addition Change ☐ Delete HILE TITLE Sonny Rincon 1511 NW at Avenue #922 NAME STREET ADDRESS STREET ADDRESS Coral Springs, FL 33071 CITY-ST-ZIP CITY-ST-ZIP TITI F Change ☐ Addition Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. 717 ☐ Chance Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST ZIP ☐ Change Addition ☐ Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 eath; 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 an address, with all other like empowered. Rucer SIGNATURE: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED



Coral Springs, Florida 33170 954-255-2308

Thursday, September 13, 2001

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, Fl 32302-1500

Dear Sirs:

Enclosed please find our completed 2001 Uniform Business Report and a check for the amount of \$150. My corporation was established on August 10, 2000 and did not receive our renewal reminder. This is our first year filing and were not aware of this requirement until recently. I respectfully request that the late fee normally assessed be waived and that my corporation be considered in good standing and not be revoked. Thank you very much for your cooperation into this matter.

Regards,

Sonny Rincon

C.E.O