2003 FOR PROFIT CORPORATION

May 22, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P00000077372 DOCUMENT # 05-22-2003 90134 028 ***550.00 1. Entity Name WATER WAY ONE PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address 744 LENOX AVE P O BOX 403457 MIAMI BEACH FL 33140 MIAMI FL 33139 3. Mailing Address PO Box 403457 2. Principal Place of Business 744 Lenox Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1034322 liam; 1 iami Tsesc Not Applicable \$8.75 Additional 5. Certificate of Status Desired U **S**A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Semko, Tao A SEMKO, TAO A Street Address (P.O. Box Number is Not Acceptable) 744 LENOX AVE #1 744 Lenox Ave #2 **MIAMI FL 33139** Miami Beach 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. I am familiar with, and accept the obligations of registered agent. Semko Presiden Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSD Addition ☐ Delete TITLE Change Semko, Tao A 744 Lenox Ave #2 NAME SEMKO, TAO A NAME 744 LENOX AVE #1 STREET ADDRESS STREET ADDRESS MIAMI FL 33139 CITY-ST-ZIP CITY-ST-ZIP Yiami Beach FL 33139 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/03