6 TO FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FII ED DOCUMENT # P00000081953 1. Entity Name 03 HAY 16 AM 8: 11 Jarb SECRETARY OF STATE FALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 3420 NW Z7 # AUE 34LO DW Z7+HAVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ' BOCA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired In Beach 7. Name and Address of Current Registered Agent AYALA DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zip 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. 02.10 . 03 agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS CR2E034B (12/01) TITLE 🕏 TITLE 600020254546 NAME 4 NAME Ayala STREET ADDRESS STREET ADDRESS CITY-ST-20P CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

Hachment

#P00000081953

Florida Department of State Division of Corporations Uniform Business Report Fillings P.O. Box 1500 Tallahassee, FL 32302-1500

RE: Jarb Inc.

Document Number: P00000081953

To whom it may concern:

Please be advised I never my received my initial UBR and I am submitting the report with the original filing fee of \$150.00 per year for a total of \$450.00.

Please process this form as filed timely and advise me if any further action is required. Thank you for your understanding in this matter.

Sincerely,

Ayala Kelly , Resident