FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 23, 2002 8:00 am Secretary of State P00000082237 DOCUMENT # 1. Entity Name 05-23-2002 90099 004 ***150.00 SAL'S JUNGLE INC. Principal Place of Business Mailing Address 50 153 AVE 50 153 AVE MADEIRA BEACH FL 33708 MADEIRA BEACH FL 33708 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3666795 Not Applicable Country \$8.75 Additional Zip \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROHRET, KARIN Street Address (P.O. Box Number is Not Acceptable) 5290 SEMINOLE BLVD #F ST PETERSBURG FL 33708 Zip Code City entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name SIGNATURE Signature, typed or printed name of registered agent and title if applicable 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE TAUFIQ. SALEMOHAMED NAME NAME 2030-176TH AVE E STREET ADDRESS STREET ADDRESS **REDDINGTON SHORES FL 33708** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-7IP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST_ZIP CITY-ST-ZIP Change -__noitibhA 🔲 ---☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE Delete 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 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 attach ent with an address with all other like empowered.

SIGNATURE:

CITY-ST-ZIP