FILED 2001 UNIFORM BUSINESS REPORT (UBR) Feb 28, 2001 8:00 am Secretary of State DOCUMENT # P0000095828 MILKY WAY CAFE INC. 2-28-2001 90136 020 ***150.00 Principal Place of Business Mailing Address 532 ARTHUR GODFREY ROAD 532 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business 530 Arbur Godfrey Rd. 3. Mailing Address 530 A.D., Godfier Pd. DO NOT WRITE IN THIS SPACE 4. FEI Number 65 - 1046681 Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Eithan Eltaresy SPIEGEL & UTRERA, P.A. S(P.O. Box, Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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. Eithan Eltaresy-V.P. 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11, OFFICERS AND DIRECTORS 12. TITLE Delete M Change **ELTRASY, YIGAL** 530 Arthur Godfrey Road NAME 532 ARTHUR GODFREY ROAD STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP CITY-ST-ZIP SVD Change TITLE Delete ☐ Addition Eltaresy, Eithan 530 Arthur Godfiey Rd. ELTRASY, EITHAN NAME 532 ARTHUR GODFREY ROAD STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THTLE Delete TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Litto

Eithan Eltasesy

2/20/0

305-534-4144

CR2E034 (10/00)

Daytime Phone #