

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91134 001 ***450.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000096621		
1. Entity Name STOCK FRAUD LAW CENTER, INC.		
Principal Place of Business 8751 W. BROWARD BLVD., STE. 201 PLANTATION, FL 33324-2630		Mailing Address 8751 W. BROWARD BLVD., STE. 201 PLANTATION, FL 33324-2630
2. Principal Place of Business 8751 W. Broward Blvd Suite, Apt. #, etc. 404 City & State Plantation, FL Zip 33324 Country USA		3. Mailing Address 8751 W. Broward Blvd Suite, Apt. #, etc. 404 City & State Plantation, FL Zip 33324 Country USA
4. FEI Number 65-1021839		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MILROT, MARK B ESQ. 4421 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name MARK MILROT Street Address (P.O. Box Number is Not Acceptable) 1696 W. Hillsboro Blvd City Deerfield Beach FL 33442
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. SIGNATURE <i>[Signature]</i> DATE 4/10/07 (NOTE: Registered Agent signature required when replacing)		
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME BLUM, DARREN C ESQ. STREET ADDRESS 8751 W. BROWARD BLVD., STE. 201 CITY-ST-ZIP PLANTATION, FL 33324 ☐ Delete		TITLE NAME SUITE 404 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other name empowered.		
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4/10/03 Cayman Phone # 934-423-600

CP2E034 (1/02)