FILED Sep 13, 2001 8:00 am Secretary of State , 2001 UNIFORM BUSINESS REPORT (UBR) P00000099211 **DOCUMENT #** 09-13-2001 90054 034 ***150.00 CARIBBEAN CUSTOM HOMES, INC. Principal Place of Business Mailing Address 2457 BRIDGE ROAD 2457 BRIDGE ROAD A0085533 N FORT MYERS FL 33917 N FORT MYERS FL 33917 2. Principal Place of Business 3. Mailing Address 1218 SE Sane DO NOT WRITE IN THIS SPACE City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (2/01) TITLE ☐ Delete TITLE Change MCGILLICUDDY, JASON NAME NAME 2457 BRIDGE ROAD STREET ADDRESS STREET ADDRESS N FORT MYERS FL 33917 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME SODOMIRE, ROCCO NAME 2457 BRIDGE ROAD STREET ADDRESS STREET ADDRESS N FORT MYERS FL 33917 CITY-ST-ZIP CITY-ST-ZIP TITLE ___ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition

NAME

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

STREET ADDRESS

SIGNATURE:

changed, or on an attachment w

CITY-ST-ZIP

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Caribbean Custom Homes Inc.

1218 se 47th Street Cape Coral, Florida 33904 AHachmen+ DH P0000099211 A0056533

September 5, 2001

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fl., 32302-1500

Dear Sir or Madam:

This is to inform you about the delay in the company's payment, for renewal of our Corporations Paper's, is do to not receiving the necessary paperwork from the State of Florida. We have moved at the time of not receiving the proper paperwork, but we have filled out with the post office, a change of address. In notifying your office, we were informed to explain the situation in a letter to your office, and make a check out for \$150.00 dollars. And this will keep us current to date... Thank You.

Sincerely,

Rocco Sodomire COO