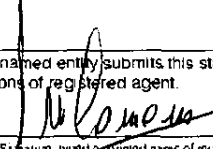
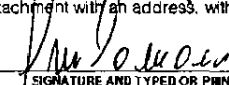


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90085 003 ***150.00

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

DOCUMENT # P00000102689																											
1. Entity Name KENDALL BATH TUBS INC																											
Principal Place of Business 15410 SW 74 CIRCLE CT. MIAMI, FL 33193 APT 1303		Mailing Address 15410 SW 74 CIRCLE CT. MIAMI, FL 33193 APT. 1303																									
2. Principal Place of Business 15410 SW 74 Circle CT. Suite, Apt. #, etc. Apt. 1303 City & State Miami, Florida Zip 33193 Country US		3. Mailing Address 15410 SW 74 Circle CT. Suite, Apt. #, etc. Apt. 1303 City & State Miami, Florida Zip 33193 Country US																									
☐ CHECK HERE IF MAKING CHANGES		4. FEI Number 65-1072967																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable																									
6. Name and Address of Current Registered Agent CAMARA, LUIS A 15410 SW 74 CIRCLE CT. MIAMI, FL 33193 APT 1303		7. Name and Address of New Registered Agent Name Luis A. Camara Street Address (P.O. Box Number is Not Acceptable) 15410 SW 74 Circle CT. Apt. 1303 City Miami FL Zip Code 33193																									
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  Luis A. Camara 4/29/03 (NOTE: Registered Agent signature required when reinstating)																											
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																									
<table border="1"><tr><td>TITLE</td><td>P</td><td>☐ Delete</td></tr><tr><td>NAME</td><td>CAMARA, LUIS A</td><td></td></tr><tr><td>STREET ADDRESS</td><td>15410 SW 74 CIRCLE CT. APT 1303</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>MIAMI, FL 33193</td><td></td></tr></table>		TITLE	P	☐ Delete	NAME	CAMARA, LUIS A		STREET ADDRESS	15410 SW 74 CIRCLE CT. APT 1303		CITY-ST-ZIP	MIAMI, FL 33193		<table border="1"><tr><td>TITLE</td><td>P</td><td>☒ Change ☐ Addition</td></tr><tr><td>NAME</td><td>Camara, Luis A.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>15410 SW 74 Circle CT. Apt. 1303</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>Miami, FL 33193</td><td></td></tr></table>		TITLE	P	☒ Change ☐ Addition	NAME	Camara, Luis A.		STREET ADDRESS	15410 SW 74 Circle CT. Apt. 1303		CITY-ST-ZIP	Miami, FL 33193	
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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 like empowered.																											
SIGNATURE: 		Luis A. Camara 4/29/03 (305) 871-0889																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																									

CR2E034 (10/02)