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

Apr 09, 2003 8:00 am Secretary of State P00000108327 DOCUMENT # 04-09-2003 90166 001 ***150.00 1. Entity Name Warsi Holdings, inc. Principal Place of Business Mailing Address 266 WILSHIRE BOULEVARD 266 WILSHIRE BOULEVARD SUITE 127 **SUITE 127** CASSELBERRY FL 32707 CASSELBERRY FL 32707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 03-0459566 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WARSI-NASIR HABIB-Street Address (P.O. Box Number is Not Acceptable) 266 WILSHIRE BOULEVARD SEITE 127 CASSELBERRY FL 32707 City Zip Code 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 agerif. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Addition ☐ Delete ☐ Change NAME NAME Warsi, nasir habib STREET ADDRESS STREET ADDRESS 266 WILSHIRE BOULEVARD, SUITE 127 CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 TITLE ☐ Delete TITLE ☐ Change ☐ Addition STD NAME NAME WARSI, RAHAT NASIR A STREET ADDRESS STREET ADDRESS 266 WILSHIRE BOULEVARD, SUITE 127 CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ~ CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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