2002 UNIFORM BUSINESS REPORT (UBR)

May 15, 2002 8:00 am Secretary of State DOCUMENT # P00000108372 1. Entity Name 05-15-2002 90177 047 ***150 00 EAGLES' NEST INTERNATIONAL CORP. Principal Place of Business Mailing Address 44 N. OCEAN BLVD. 44 N. OCEAN BLVD. POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1055628 Not Applicable Zip Country 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 MOORE, CHARLES MOORE Street Address (P.O. Box Number is Not Acceptable) 44 N. OCEAN BLVD. POMPANO BEACH FL 33062 City Zin 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition NAME MOORE, CHARLES WALTER Charles Walter Moore NAME 4384 NW 9TH AVE. BLDG. 19 #3D 18 N. Ocean Bird. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33064 CITY-ST-ZIP Pompano Beach, FL 33062 TITLE Delete **VD** Change Addition Steven Michael Deliberto NAME BLAKELY, CRAIG ALLEN NAME STREET ADDRESS 44 N. Ocean Blvd. 18650 NORTHLAND DR. STREET ADDRESS CITY-ST-7IP BIG RAPIDS MI 49307 Pompano Brack, FL 33062 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME FOGANHOLI, JOSE CARLOS NAME 1511 NW 91ST AVE. APT. 9-28 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME RWANAMIZA, ANTOINE NAME STREET ADDRESS PO BOX 42845 STREET ADDRESS CITY-ST-ZIP MOMBASA, KENYA, AFRICA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

FILED