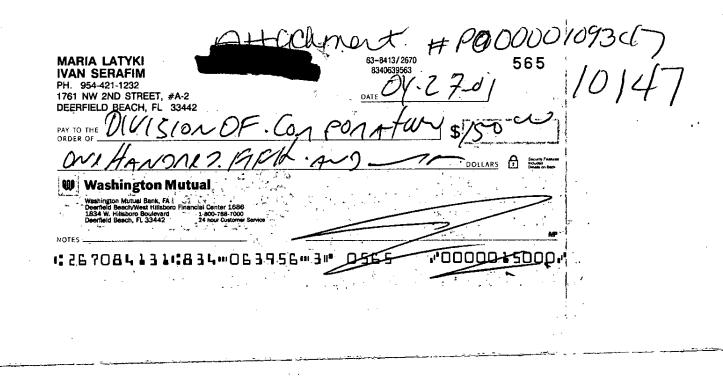
2001 UNIFORM BUSINESS REPORT (UBR)

Jul 20, 2001 8:00 am DOCUMENT # P00000109347 **Secretary of State** 1. Entity Name 05-18-2001 90003 001 ***150.00 I.S. SIDING, INC. Mailing Address Principal Place of Business 1761 NW 2ND STREET A2 1761 NW 2ND STREET A2 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 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 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 Name AQUILINO, JULIANA:~-Street Address (P.O. Box Number is Not Acceptable) 3961 N FEDERAL HWY POMPANO BEACH FL 33064 Zip Code City 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 04.2101 SIGNATURE o. typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State **1**1. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE **PVST** Delete TITLE SEIZAFINAL STATE PARKWAY 21696 SIRCH STATE PARKWAY BOCA TRAFON FL. 23428 NAME NAME SERAFIM. IVAN STREET ADDRESS STREET ADDRESS 1761 NW 2ND STREET A2 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 Delete TITLE TITLE NAME NAME SERAFIM, IVAN STREET ADDRESS STREET ADDRESS 1761 NW 2ND STREET A2 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 QE-Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP 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 early 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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