4/3 2001 UNIFORM BUSINESS REPORT (UBR) May 23, 2001 8:00 am Secretary of State DOCUMENT # P00000109782 1. Entity Name REGNIS CORP. 04-30-2001 90393 035 ***150.00 Principal Place of Business Malling Address 6371 SW 107TH ST. 8371 SW 107TH-ST. MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Gelben + Suite, Apt. #, etc. Suite, Apt. #, etc. 285 NU City & State City & State Applied For 4. FEI Number EIN 65-10886 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 SINGER, DONNA Street Address (P.O. Box Number is Not Acceptable) 6371 SW 107TH ST. **MIAMI FL 33156** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Fagistered 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Change ■ Addition DIRECTOR/PRESIDENT TOTLE Deleta TITLE NAME NAME DONNA SINGER STREET ADDRESS STREET ADDRESS 6371 SW 107TH STREET CITY-ST-ZIP CITY-ST-212 33156 ☐ Channe ☐ Addition Deleta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Deleta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

DOWNAM. SINGER

changed, or on an attachment with an address, with all other like empowered.

ED NAME OF SIGNING OFFICER OR INRECTOR

SIGNATURE:

Daysme Phone 4