**FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 14, 2002 8:00 am Secretary of State **DOCUMENT # POOCOC 109799** 1. Entity Name Simple Solutions Group Inc. 05-14-2002 90507 001 \*\*\*750.00 Mailing Address Principal Place of Business 2. Principal Place of Business 3. Mailing Address UA31 Main Stree DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) TEG north Bayshore Drive Suite 14-6 Miami, Fi. 33/32 8. The above named entity subprits this statement for the Durpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE > (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable FILE NOWITE PEETS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY:1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition **⊠** Delete TITLE IIII F Dania C. Peraza 1750 mojan Guyenore Drive NAME NAME #14-G 0431 MUIN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ✓ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Chance TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE 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 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 changed, or on an attachment with an address, with all other like impowered.

SIGNATURE:

SIGNATURE AND TYPED OR BRINGED NAME OF SIGNING OFFICER OR DIRECTOR