FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 26, 2002 8:00 am Secretary of State DOCUMENT # P00000111934 1. Entity Name 08-26-2002 90054 030 ***150.00 RACO PAINTING, CORP. Principal Place of Business Mailing Address 9 / 0 4 / 1 2401 S.W. 128TH COURT 2401 S.W. 128TH COURT MIAMI FL 33175 MIAMI FL 33175 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 65-1060261 Not Applicable Country Zip 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 RAMIREZ, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 2401 S.W. 128TH COURT **MIAMI FL 33175** 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 agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete ☐ Change Addition RAMIREZ, ENRIQUE F NAME STREET ADDRESS 2401 S.W. 128TH COURT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP TITLE DST-**≥**Coelete TITLE SECT-TAB ENRIQUE FRAMIRE, IR NAME NAME GOX: MARLON A STREET ADDRESS STREET ADDRESS 18336 NW 68TH AVE. APT D 24015W 1280T MIA, FL 33/75 CITY.-ST; ZIP-CITY-ST-7IP -MIAMI FL: 33015 ----☐ Delete DILE TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

GY DE OND THE PROPERTY OF PRINTED NAME OF SIGNING OF FIGURE COORD

8-8/02 305-4-6531

Attachment 8/8/02 97647/ State of Fle Slept Glate le: ln \$0000 11 1934 RACO PAINTING COFP Gentlenem: Ollege check this FORM mo received today in the mail. It is our understanding that the FIRST FORM that you send at beginning of the year on \$150 (never received). Olean respectfully mane the all. continue or our CORP. Ulso ple cheer ou rendsaanding Thank you ENRIAUE LAMINE Legagent Des