2003 FOR PROFIT CORPORATION

May 01, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P00000112011 DOCUMENT # 1. Entity Name 05-01-2003 90806 019 ***150.00 CRIE TRADING INC. Mailing Address Principal Place of Business 13205 SW 137TH AVE 13205 SW 137TH AVE **SUITE 109** SUITE 109 MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address SW 129Th St. ☐ CHECK HERE IF MAKING CHANGES HANGAR HAN GAR Applied For City & State City & State 4. FEI Number 65-1095817-FLORIDA ELORIDA= Not Applicable \$8.75 Additional 5. Certificate of Status Desired u SA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GUTIERREZ, DIXON** Street Address (P.O. Box Number is Not Acceptable) 13205 SW 137TH AVE SUITE 109 **MIAMI FL 33186** City Zip Code 8. The above named entity sormits 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 regi Dixon Gutieres 4-10-03 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 _. 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE □ Channe ☐ Addition RODRIGUEZ, FRANCISCO C NAME NAME STREET ADDRESS 13205 SW 137 AVE STE 109 STREET ADDRESS MIAMI FL 33186 CITY-ST-7IP CITY-ST-ZIP Change ☐ Delete TITLE TITLE Addition **GUTIERREZ, DIXON** NAME NAME STREET ADDRESS STREET ADDRESS 17811 SW 137TH CT CITY-ST-ZIP MIAMI FL 33177 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 CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 recovery trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attack an address, with all other like empowered

SIGNATURE:

FILED