2003 FOR PROFIT CORPORATION

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

9305 RIVER COVE DRIVE

RIVERVIEW FL 33569

UNIFORM BUSINESS REPORT (UBR) P00000112395 **DOCUMENT #** 1. Entity Name

SAINT MALO, INC.

Principal Place of Business

2. Principal Place of Business

Country

6 Name and Address of Current Registered Agent

9305 RIVER COVE DRIVE

RIVERVIEW FL 33569

Suite, Apt. #, etc.

City & State

Zip

FILED May 02, 2003 8:00 am Secretary of State

\$8.75 Additional

Fee Required

CHECK HERE IF MAKING CHA	
4. FEI Number 59-3686365	Applied For
33 000000	Not Applicable

5. Certificate of Status Desired

7 Name and Address of New Registered Agent

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Side Exensity BLVD. TAMPA FL 33602 City City FL 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 achieve obligations of registered agent. SIGNATURE SIGNATURE Signature, type of printed name of registered spent. SIGNATURE Signature, type of printed name of registered spent and side if applicable. Page with be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MALO, AARON B. MALO, AARON B. SIRET ADDRESS CITY-S1-2P RIVERVIEW FL 33569 ITILE MALE SIRET ADDRESS CITY-S1-2P TITLE Delde TITLE MALE SIRET ADDRESS CITY-S1-2P Change Ad Address SIRET ADDRESS CITY-S1-2P SIRET ADDRESS CITY-S1-2P Change Ad Address SIRET ADDRESS CITY-S1-2P SIRET ADDRESS CITY-S1-2P SIRET ADDRESS SI					Name						
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B. 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 ac the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MALD, AARON SIREST ADDRESS CITY-ST-2P RIVERVIEW FL 33569 TITLE Delete TITLE Delete TITLE NAME SIREST ADDRESS CITY-ST-2P TITLE	tampa fi	_ 33602 -									
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Country

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 10 or Block 11 if changed, or on an attachment with

SIGNATURE:

B13-299-5832