FILED 2001 UNIFORM BUSINESS REPORT (UBR) Apr 21, 2002 8:00 am Secretary of State DOCUMENT # POI 000001774 L 04-21-2002 90859 027 ***150.00 TARAGRAPHIX DESIGNS INC Principal Place of Business Mailing Address 16400 GOLF CWB Rd. Alg 1-B # 302 12717 West Sunkise Blud SUNKISE, FL 33323 Neston, FL 33326 2. Principal Place of Business 3. Mailing Address 16400 Golf Club. Rd. 12717 Nest Sunkise Blud Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 254 Apt City & State City & State 4. FEI Number Applied For SURRISE, FL 59-3689978 Not Applicable weston. Country \$8.75 Additional 5. Certificate of Status Desired 33323 U.S. A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Tama Laea Street Address (P.O. Box Number is Not Acceptable)

16400 Golf Club Rd. Blg 1-8 #302 City Weston 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 President and Secretary
(NOTE: Registered Agent signature required when reinstating)

DATE Signature, twoftd or printed name of registered agent and title if applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. P/5/M Change Addition TITLE Cecilia Ribicky Delete TITLE Tania Lara 1640 Rd. 15/91-8; # 302 Weston FL 33326 NAME NAME 14067 Jod Court STREET ADDRESS STREET ADDRESS Largo, FL 33774 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE: