FILED Sep 12, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) P01000012117 DOCUMENT # 1. Entity Name 09-12-2002 90087 001 ***150 00 LORWOOD H.C.S., INC. Principal Place of Business Mailing Address DOTOLIOA 6145 NW 91ST AVENUE 6145 NW 91ST AVENUE TAMARAC FL 33321 TAMARAC FL 33321 3. Mailing Address A-గ్రామంతర 2. Principal Place of Business AT ABJUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Żip Country Country Zip \$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 Broad, Heywood Street Address (P.O. Box Number is Not Acceptable) 6145 NW 91ST AVENUE TAMARAC FL 33321 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 regist ted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DILESIOZUT TITLE TITLE ☐ Delete ☐ Change ☐ Addition HEYWOOD BROAD 6145 NW 91 FAX NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tomurae Per TITLE ☐ Delete TITLE ☐ Addition ☐ Change 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-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

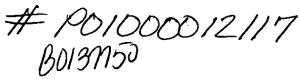
STREET ADDRESS

CITY-ST-ZIE

9/10/02 954-720-8253

Attachment

LORWOOD H.C.S. INC. 6145 N.W. 91 STREET TAMARAC, FL. 33321



To Whom It May Concern:

I SPOKE TO ESTHER AND I EXPLAINED THAT I AM SENDING OUT THE CHECK FOR CORPORATIONS FILINGS, FOR \$ 150.00. I NEVER RECEIVED THE INITIAL FORM THAT WAS SUPPOSEDLY SENT IN JANUARY 2002, REQUESTING PAYMENT. THIS FORM THAT I AM COMPLYING TOO, WAS RECEIVED IN JUNE. I AM A NEW COMPANY AND NEVER DID THIS BEFORE.

PLEASE UNDERSTAND THAT I WOULD HAVE COMPLIED WITH THE ORIGINAL FORMS IF I HAD RECEIVED THEM IN JANUARY. SORRY FOR ANY INCONVENIENCE THAT I MIGHT HAVE CAUSED.

YOURS TRULY:

HEYWOOD BROAD, PRES.