FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 27, 2002 8:00 am Secretary of State P01000015142 DOCUMENT # 1. Entity Name 05-27-2002 90316 025 ***158.75 TALIESON FINANCIAL SERVICES, CORP. Principal Place of Business Mailing Address 10300 SUNSET_DR'SUITE 435 10300 SUNSET DR SUITE 435 MIAMI-FL 33173 MIAMI FL 29173 2. Principal Place of Business 3. Mailing Address 9655 South DIXIE Highway 9655 South Dixie Highwa Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #101 半101 City & State City & State 4. FEI Number Applied For Pinecrest inecrest 65-1079074 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33156 U.S Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Darav</u> Name DURAN, YOLANDA Street Address (P.O. Box Number is Not Acceptable) 10300 SUNSET OR SUITE 435 9655 South Dixie Highway MIAMLFL 33173 井101 Zip Code 33156 Pinecrest 8. The above named subm rpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE stered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) . 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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. 60 CR2E034 (9/01) TITLE Delete TITLE X Addition Duran, Angel DURAN, YOLANDA NAME NAME 9655 10300 SUNSET DR SUITE 435 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 <u>Pin</u>ecrest, Fl 33156 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ 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-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fling does not extellify 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 true e 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 offer like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with