FILED

002 UNIFO	RM BUSINESS REPORT (UBR)	Jun 02, 2002 8:00 am
OCUMENT #	P01000034870	Secretary of State 05-06-2002 90243 026 ***158.75

1. En NFINITY Principal Place of Business Mailing Address 1421 SW 27TH AVE. STE. 706 1421 SW 27TH AVE. STE. 706 OCALA FL 34474 OCALA FL 34474 2. Principal Place of Business 3. Mailing Address 13121 SE US HWY 441 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For SUHHERE 59-3710480 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VASQUEZ, DIEGO E Street Address (P.O. Box Number is Not Acceptable) 1421 SW 27TH AVE. STE. 706 **OCALA FL 34474** City Zip Code Fl 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. SIGNATURE. Signature, typed or printed 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 \$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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) MLE Delete TITLE ☐ Change ☐ Addition NAME vasquez, diego e NAME STREET ADDRESS 421 SW 27TH AVE. STE. 706 CR2E034 STREET ADDRESS CITY-ST-ZI OCALA FL 34474 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition MAME Munoz, Miguel F NAME STREET ADDRESS 421 SW 27TH AVE. STE. 706 STREET ADDRESS CITY-ST-ZIP DCALA FL 34474 CITY-ST-ZIP TITLE ☐ Defets TITLE ☐ Addition NAME IUNOZ MARIONGELA NAME STREET ADDRESS 421 SW 27TH AVE. STE. 706 STREET ADDRESS CITY-ST-ZIP DCALA FL 34474 CITY-ST-7tP TITLE Oelete TITLE ☐ Change ☐ Addition NAME ASQUEZ, PEDRO NAME STREET ADDRESS 1421 SW 27TH AVE. STE. 706 STREET ADDRESS CITY-ST-ZIP DCALA FL 34474 CITY-ST-ZIP TITLE Delete TITLE 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-7P CITY-ST-ZIP

 I hereby certify that the information supplied with the indicated on this report or supplemental report is true does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the rece changed, or on an attachmen

SIGNATURE:

AME OF SIGNING OFFICER OR DIS