FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Sep 09, 2002 8:00 am Secretary of State P01000038032 DOCUMENT # 1. Entity Name K.V.G. INVESTMENT, INC. 09-09-2002 90024 015 ***550.00 Principal Place of Business Mailing Address 12425 BEACONTREE WAY 12425 BEACONTREE WAY 871530 ORLANDO FL 32807 ORLANDO FL 32807 2. Principal Place of Business たととら DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Not Applicable \$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 ORANGO EL SENT Name GARDONIO, ANA MENDONO PER ANNA Street Address (P.O. Box Number is Not Acceptable) 12425 BEACONTREE WAY: 4 ORLANDO FL' 32807 ONTEN OF COME 机燃烧 经减少证券票据 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 registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE-NOW!!!-FEE-IS-\$550.00 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 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 PSTD TITLE ☐ Delete ☐ Addition ☐ Change GARDONIO, ANA MARIA NAME NAME 12425 BEACONTREE WAY STREET ADDRESS STREET ADDRESS ORLANDO FL 32807 CITY-ST-ZIP CITY-ST-ZIP VD 39003 ☐ Delete TITLE Change ☐ Addition NAME - DE LITE GIORGIO, VANESSA NAME 12425 BEACONTREE WAY STREET ADDRESS STREET ADDRESS ORLANDO FL 32807 CITY-ST-ZIP CITY-ST-ZIP VD TITI F ☐ Delete TITLE Change ☐ Addition GIORGIO, VANESSA NAME NAME STREET ADDRESS 12425 BEACONTREE WAY STREET ADDRESS ORLANDO FL 32807 CITY-ST-ZIF 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE rs- vi □ Delete · · · · TITLE ☐ Change Addition

13: Libereby, 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 ampowered 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP