FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000040994

1. Entity Name

SIGNATURE:

TERRAHERBS, INC.

FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90724 027 ***150.00

DO NOT WRITE IN THIS SPACE

11040024

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|--|---|---|-----------------|---|--|---|--|--|---------------------------------|---|
| 2. Principal Place of E | 3. Mailing Address | ailing Address | | | | | | | | |
| 1040 NW 36 AVENUE | | 1040 NW 36 AVEnue | | | | • | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | • **- | | | DO NOT WRITE | E IN THIS SPA | .CE | |
| City & State | | City & State | | | | 4. FEI Number | | | | Applied For |
| ŗ | RIDA | MIAMI FLORIDA | | | | 65-1106864 | | | | Not Applicable |
| Zip Country | | Zip | | | | | | | 3.75 Additional | |
| 33125 | U.S.A | 33125 | <u> </u> | S.A. | | a. Certificate of Sta | nos Desirea | | Requi | |
| : | | | | | 7 | . Name and Addre | ss of Current F | tegistered Aç | jent | |
| | DO NOT-W | | | Name | ANG | EL GARCIA | | | | |
| · · · · · · · · · · · · · · · · · · · | | Street A | | (P.O. Box Number is Not Acceptable) NW 36 AVENUE | | | | | | |
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| | IN THIS SI | PACE | | | | | | | | |
| | | | | City | | | | | Zip Cc | nde |
| | | | | J., | MIAM: | I | | FL | 331 | |
| 8. The above named | entity submits this statement | for the purpose of chang | ing its registe | red office or | r registered | d agent, or both, in t | ne State of Flor | ida. | | |
| | | | | | | | | | | |
| SIGNATURE | | | | | | | _ | • | | |
| | typed or printed name of registered ager | nt and title if applicable | (NOTE: Register | ed Agent signat | ure required w | hen reinstating) | | DATE | | |
| 9. This composation is | eligible to satisfy its Intangib | January | 1 - May 1 F | ee is \$15 | 0.00 | (200 m.) 200 m. | . 1 | | • | |
| | ent and elects to do so. | Απει | r May 1, Fee | is \$550.00 |) 禁門公 | - F29 | Campaign Fina | | | . 00 May Be |
| (See criteria on ba | | Make Check I | ended UBR | | | | nd Contribution. | . 🗀 | Add | ed to Fees |
| 11. | OFFICERS ANI | | ayable to b | epartition | t or otate | \$2.12 | | | | |
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| Thereby certify the indicated on this right the corporation attachment with an attachment with a second | at the information supplied will eport or supplemental report or the receiver or thystee em n address, with all other like e | th this filing does not qua is true and accurate and powered to go acute this mpowered | CITY | '-ST-ZIP | ted in Sect ave the sa napter 607 | ion 119.07(3)(i), Flor me legal effect as if , Florida Statutes; ar | ida Statutes. I f made under oa nd that my nam | urther certify to the that I am a see appears in | hat the in office Block 1 | information er or director 1 or on an |

DIRECTOR