## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 01, 2003 8:00 am Secretary of State P01000041603 DOCUMENT # 1. Entity Name 05-01-2003 90238 008 \*\*\*150.00 WATSAN INC. Principal Place of Business Mailing Address 13662 57TH PLACE N 13662 57TH PLACE N WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number City & State City & State Applied For 65-1126299 Not Applicable Country Zip Country \$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 WATSANSEREKUL Street Address (P.O. Box Number is Not Acceptable) 13662 57TH PLACE N WEST PALM BEACH FL 33411 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE ☐ Change ☐ Addition WATSANSEREKUL, SUVIT NAME NAME 13662 57TH PLACE N STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33411 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE MALEE DANG NAME 13662 57 PLN STREET ADDRESS STREET ADDRESS WEST PAGE BEACH FLA-33411-CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. RWATUANSFREKUL, SUVIT 4-26-2007 772 569-2829

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