FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 21, 2002 8:00 am Secretary of State P01000043921 DOCUMENT # 1. Entity Name HONEY BUNNY INTERNATIONAL, INC. 04-21-2002 90857 026 ***150.00 Mailing Address Principal Place of Business 20301 SW 116 AVE 20301 SW 116 AVE MIAMI FL 33187 **MIAMI FL 33187** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State *9x* 442 Not Applicable 'aW l \$8.75 Additional Country 5. Certificate of Status Desired Fee Required U. =-A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JURADO, MARCELO Street Address (P.O. Box Number is Not Acceptable) 420 LINCOLN ROAD SUITE 387 MIAMI BEACH FL 33139 Zip Code City FI 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9:-This corporation is eligible to satisfy its:Intangible -10.=Election Campaign:Financing= \$5:00-May-Be= After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition TITLE Change ☐ Delete TITLE ROMAN, MILAGROS I NAME NAME 20301 SW 116 AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33187 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME ROMAN, THOMAS A NAME STREET ADDRESS 20301 SW 116 AVE STREET ADDRESS **MIAMI FL 33187** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 eath; 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

ED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE

SIGNATURE AND TYPED OR PRI