Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90183 010 ***150.00

CR2E034 (10/02)

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

DOCUMENT

P01000046503

1. Entity Name



IKAPUNA EPICURE, INC. Principal Place of Business Mailing Address 757 SE 17TH ST SUITE 745 757 SE 17TH ST SUITE 745 FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3715896 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ---- 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MITCHELL, ROBERT Street Address (P.O. Box Number is Not Acceptable) 757 SE 17TH ST SUITE 745 FT LAUDERDALE FL 33316 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 ☐ Addition ☐ Delete TITLE TITLE MITCHELL, ROBERT NAME NAME 757 SE 17TH ST SUITE 745 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33316 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change 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 TITLE ☐ Delete TITLE ☐ Change ' Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE

12. 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 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

NAME

STREET ADDRESS

CITY-ST-ZIE

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-7IP