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

FILED May 15, 2002 8:00 am Secretary of State

DOCUMEN 1. Entity Name	IT# PO-10	000046558	
	Holding	Group, INC.	
	<u> </u>		

Titan Holding Group, INC.					05-15-2002 900/3 035 ****150.00		
	DO NOT WRITE	IN THIS SI	PACE				
260	Place of Business SE M12NEI Blud	3. Mailing Address	IZNER BLI	٥٥			
Suite, Apt.		Suite, Apt. #, etc.	· ·		DO NOT WRITE IN THIS	SPACE	
City & Stat	Raton Fl	City & State BOOCA Lato	IN FC	4. FE	Number 65 1123 776	Applied For Not Applicable	
Zip 334	Country USA	Zip 33432	Country USA	5. Ce	rtificate of Status Desired	\$8.75 Additional Fee Required	
			Name		e and Address of Current Registered	d Agent	
DO NOT WRITE IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable)			
			24	260 SE MIZNER BIVD #612			
		City B	OCA RATON FL Zip Code 33432				
Tax filing r	Signature, typed or printed name of registered agent a pration is eligible to satisfy its intangible equirement and elects to do so, ria on back)	January 1 - M After May	E Registered Agent sgnatur lay 1 Fee is \$150 1, Fee is \$550.00 1 UBR is \$61.25 le to Department	.00	ating) DATE 10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND I	DIRECTORS	TITLE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URCIOUII, Gaetano 260 SE MIZNET B BOCA RATON FL	P. BIND #612 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	iss		TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRI	TE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	,		
TITLE NAME STREET ADDRESS CITY-ST-7IP			TITLE NAME STREET ADDRESS CITY-ST-7IP		,		

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 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 11 or on an attachment with an address with all other like empowered.

Gaetano Urciovii 5-6-02 561-361-1150

RDIRECTOR Date Daytime Phone # SIGNATURE: 2