FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90120 030 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90082021

DOCUMENT # P01000058747

1. Entity Name
OXYGEN IN THE GROVE, INC.

Principal Place of Business	Mailing Address
2911 GRAND AVE STE 500 COCONUT GROVE, FL 33133	2911 GRAND AVE ~~STE 500~~ COCONUT GROVE, FL 33133

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste 4-B
City & State	City & State Coconut Grove FL
Zip / Country	Zip 33133 / Country USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1116072 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOLDMAN, MATT D ESQ MATT D GOLDMAN PA ~~1450 MADRUGA AVENUE SUITE 203~~ ~~CORAL GABLES, FL 33146~~	Name Matt D. Goldman Esq Street Address (P.O. Box Number is Not Acceptable) 2911 Grand Ave. Suite 4-B City Coconut Grove FL Zip Code 33133

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 Matt Goldman 4/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDMAN, MATT D 1450 MADRUGA AVE SUITE 203 CORAL GABLES, FL 33146	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Goldman, Matt D. 2911 Grand Ave, Suite 4-B Coconut Grove, FL 33133	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANCHEZ, ANGEL 11724 SW 116 TERRACE MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT GOLDMAN, MATT D 1450 MAGNOLIA AVE STE 203 CORAL GABLES, FL 33146	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT Goldman, Matt D. 2911 Grand Ave. Suite 4-B Coconut Grove, FL 33133	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS SANCHEZ, ANGEL 11724 SW 116 TERR MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIEDSON, DAVID 300 CENTRAL PARK WEST NEW YORK, NY 10024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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.

SIGNATURE: Matt D Goldman Matt D. Goldman 4/8/03 305 4456661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #