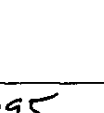


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DOCUMENT # P01000061172 1. Entity Name MH RESTORATION, INC.												
Principal Place of Business 3920 S. ROOSEVELT BLVD. APT. # 111N KEY WEST, FL 33040 US		Mailing Address 3920 S. ROOSEVELT BLVD. APT. # 111N KEY WEST, FL 33040 US										
2. Principal Place of Business 706 CATHERINE ST Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 4795 Suite, Apt. #, etc.										
City & State KEY WEST - FL		City & State KEY WEST - FL										
Zip 33040	Country INDONESIA	Zip 33040										
4. FEI Number 65-1115758		Applied For ☐ Not Applicable										
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent HAJEK, MIROSLAV 3920 S. ROOSEVELT BLVD. APT. # 111N KEY WEST, FL 33040										
7. Name and Address of New Registered Agent Name HAJEK, MIROSLAV Street Address (P.O. Box Number is Not Acceptable) 706 CATHERINE ST City KEY WEST FL Zip Code 33040		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 MIROSLAV HAJEK DATE 2/24/03 (Signature, typed or printed name of registered agent must be typed below)										
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		10. Officers and Directors <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> TITLE P NAME HAJEK, MIROSLAV STREET ADDRESS 3920 S. ROOSEVELT BLVD. APT. # 111N CITY-ST-ZIP KEY WEST, FL 33040 </td> <td style="width: 50%;"> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Delete </td> </tr> </table>	TITLE P NAME HAJEK, MIROSLAV STREET ADDRESS 3920 S. ROOSEVELT BLVD. APT. # 111N CITY-ST-ZIP KEY WEST, FL 33040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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11. Additions/Changes to Officers and Directors in 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP 706 CATHERINE ST KEY WEST, FL 33040 </td> <td style="width: 50%;"> ☒ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP 706 CATHERINE ST KEY WEST, FL 33040	☒ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	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 on 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.
TITLE NAME STREET ADDRESS CITY-ST-ZIP 706 CATHERINE ST KEY WEST, FL 33040	☒ Change ☐ Addition											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition											
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SIGNATURE MIROSLAV HAJEK, PRESIDENT DATE 305-2968267 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #										