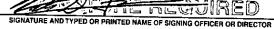
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mar 21, 2003 8:00 am Secretary of State P01000063631 DOCUMENT # 1. Entity Name 03-21-2003 90109 015 ***150.00 COMPLETE ANGLER FISHING SUPPLIES, INC. Principal Place of Business Mailing Address 6827 BIRD ROAD 6535 S.W. 49 STREET MIAMI FL 33155 MIAMI FL 33155 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 65-1123848 Not Applicable Zip ~Country____ Country , \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FONSECA, NELSON D Street Address (P.O. Box Number is Not Acceptable) 6535 S.W. 49 STREET MIAMI FL 33155 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME FONSECA, NELSON D NAME STREET ADDRESS 6535 SW 49 ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME FONSECA, JOSE R NAME STREET ADDRESS 7601 SW 140 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33158 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FONSECA, FRANK J NAME STREET ADDRESS 6535 SW 49 ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33155** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME FONSECA, DENNIS J STREET ADDRESS 7900 SW 89 CT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DDE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:



*305-661-08*78

FILED