FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91766 048 ***150.00

90128502

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000073103

1. Entity Name
LEAN TECHNOLOGIES INC.

Principal Place of Business: ~~4102 LAUREL RIDGE CIRCLE WESTON, FL 33331~~

Mailing Address: ~~4102 LAUREL RIDGE CIRCLE WESTON, FL 33331~~

2. Principal Place of Business		3. Mailing Address	
1471 Stillwater Drive		1471 Stillwater Drive	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State: Miami Beach, FL		City & State: Miami Beach, FL	
Zip: 33141	Country: USA	Zip: 33141	Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1127107 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~KALHIL, FARYT~~
~~4402 LAUREL RIDGE CIRCLE~~
~~WESTON, FL 33331~~

7. Name and Address of New Registered Agent

Name: Kalhil Faryt
Street Address (P.O. Box Number Is Not Acceptable): 1471 Stillwater Drive
City: Miami Beach, FL. 33141 — FL — 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] 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS NOW DUE. FEE IS $150.00 After May 1, 2003 Fee will be $550.00 Make Checks 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	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	KALHIL, FARYT		NAME	Kalhil, Faryt	
STREET ADDRESS	~~4402 LAUREL RIDGE CIRCLE~~		STREET ADDRESS	1471 Stillwater Drive	
CITY-ST-ZIP	~~WESTON, FL 33331~~		CITY-ST-ZIP	Miami Beach, FL. 33141	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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		
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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		

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: [signature] FARYT KALHIL 4/29/03 (305) 798 3828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #