FILED 2002 UNIFORM BUSINESS REPORT: (UBR) May 13, 2002 8:00 am § Secretary of State P01000082255 DOCUMENT # 1. Entity Name ERMU SERVICES CORPORATION 05-13-2002 90139 034 ***150.00 Principal Place of Business Mailing Address 251 GALEN DR. SUITE 105 251 GALEN DR. SUITE 105 KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 2. Principal Place of Business 16432 SW 77 CIR. LANE 3. Mailing Address 154325W 77 CR W. Suite, Apt. #, etc. SU(TE 211 DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIDMI MIDMI Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 11 S A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, ERNESTO ----157 32 SW77 CIRUN. #211 Street Address (P.O. Box Number is Not Acceptable) 251 GALEN DR, SUITE 105, KEY BISCAYNE FL 33149 MIBMI, FE 3319) Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (Change RODRIGEZ, ERNESTO NAME NAME 15432 SW 77 GR W # 211 MIDMI, R 33193 251 GALEN DR, SUITE 105 STREET ADDRESS STREET ADDRESS **KEY BISCAYNE FL 33149** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE MUNOZ, HUGO NAME NAME 251 GALEN DR. SUITE 105 STREET ADDRESS STREET ADDRESS KEY BISCAYNE FL 33149 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ 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-7IP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment will with all other like empowered.

: RECURED

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CR2E034 (9/01)