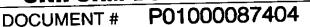
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR



1. Entity Name



TOMI II INCORPORATED 10039583 Mailing Address Principal Place of Business 7820 NW 25 ST. UNIT 10 7620 NW 25 ST. UNIT 10 MIAMI FL 33122 MIAMI FL 33122 3. Mailing Address 2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES Sulte, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-1139840 City & State Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Country Zip Fee Required .7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LITHMAN, ROBERT P Street Address (P.O. Box Number is Not Acceptable) 2250 SW 3RD AVE, 5TH FL MIAMI FL 33129 Zip Code City 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. DATE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$ 30 Jan FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/02) 10. ☐ Addition TITLE Delete TITLE NAME MARTIN, JOHANNE S NAME STREET ADDRESS 7620 NW 25 ST, UNIT 10 STREET ADDRESS CITY-ST-ZIP MIAM! FL 33122 CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change __ _ Addition nne . Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete NAME

SIGNATURE:

FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90488 018 ***150.00

NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 path; 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.

Daytime Phone #