FILED Apr 30, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100088666 ARK EQUITY GROUP, INC.					Secretary of State 04-30-2003 90316 009 ***150.00
Principal Plac C/O 701 W. (FT. LÄUDERD	Mailing Address C/O 701 W. CYPRESS C FT. LAUDERDALE FL 333				
2. Principal P	lace of Business	3. Mailing Address			L ECOLOGOL HA BOLOF FACIL OCALE COLL BOAL BOAL BOLOF HERE DATA OCALO BATA INTO
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES
City & State		City & State		4	4.>FEI Number 65-1138531 Applied For Not Applicable
Zip	Country	Zip	Country	- ;	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
	.6Name and Address of Current	Registered Agent		7	7. Name and Address of New Registered Agent
MREJEN, ARIE P.A. 701 W. CYPRESS CREEK RD., SUITE 302 FORT LAUDERDALE FL 33309				o DS dress (P.C	BOX MIMBER IS NOT ACCEPTABLE RE RD 3RD PC:
			Cit	1-1	UDERDALE FL 39909
/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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kodsi, Isaac C/O 701 W. Cypress Creek R Ft. Lauderdale Fl 33309	□ Delete D., SUITE 303	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kodsi, Joseph C/O 701 W. Cypress Creek R FT. Lauderdale FL 33309	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11 3444 J	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. hereby o	pertify that the information supplied with on this report or supplemental report is	n this filing does not qualify for strue and accurate and that i	or the exemption stated my signature shall hav	d in Section	ion 119.07(3)(i), Florida Statutes. I further certify that the information me legal effect as if made under oath; that I am an officer or director