SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR) Sep 04, 2002 8:00 am Secretary of State **DOCUMENT#** P01000092235 09-04-2002 90094 024 ***150 00 MARISOL BLOOMS, INC Principal Place of Business Mailing Address 17119 SW 49 PLACE 17119 SW 49 PLACE 978226 MIRAMAR FL 33027 MIRAMAR FL 33027 2. Principal Place of Business 3. Mailing Address 8455 MIRAMAR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #209 City & State City & State 4. FEI Number Applied For FL Miramar 105-Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENITEZ, MARITZA Street Address (P.O. Box Number is Not Acceptable) 17119 SW 49 PLACE MIRAMAR FL 33027 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (4/02) ☐ Delete TITLE ☐ Addition BENITEZ, MARITZA E NAME 17119 SW 49 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33027 CITY-ST-ZIP 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 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED

Attachment 918324 POI 000092035

MARISOL BLOOMS, INC.

18455 MIRAMAR PKWY # 209 MIRAMAR, FL. 33029 TOLL FREE # 1- 877 - 416-9818 FAX # (954) 704-8932

September 3, 2002

To Whom It May Concern:

As a brand new corporation established late in the year 2001, I am just learning the different forms and application that must be maintain for this corporation. As a result, this is the first time I am aware of this filing that as I read has to be done yearly. This form received is my first notification of this filing and as I read all the fine print, I am now aware that this had to have been filed back in the beginning of the year.

With this letter, I do ask to please waive the penalty fee for late filing as I read that can be requested on question 8 of the "frequently asked questions" section. Marisol Blooms, Inc was not fully operational until the beginning of 2002 and it is during this first year that we will get in tune with everything.

Thanks in advance.

Marisol Blooms, Inc