2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000104244

Entity Name: CROFT TECHNOLOGIES INC.

Current Principal Place of Business:

12990 SW 191 ST.
MIAMI, FL 33177

New Principal Place of Business:

Current Mailing Address:

12990 SW 191 ST.
MIAMI, FL 33177

New Mailing Address:

FEI Number: 64-1148741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEWART, DONNARAE
12363 SW 11 ST.
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

SMITH, ROXWELL W
12990 SW 191 ST
MIAMI, FL 33177 US

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: ROXWELL SMITH 03/11/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T ( ) Change (X) Addition
Name: SMITH, ROXWELL W MR
Address: 12990 SW 191ST STREET
City-St-Zip: MIAMI, FL 33177 US

Title: V ( ) Change (X) Addition
Name: ROBERTS, GAIL A MRS
Address: 12990 SW 191ST STREET
City-St-Zip: MIAMI, FL 33177 US

Title: S ( ) Change (X) Addition
Name: SMITH, BANCROFT O MR
Address: 12990 SW 191ST STREET
City-St-Zip: MIAMI, FL 33177 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROXWELL SMITH P/T 03/11/2002
Electronic Signature of Signing Officer or Director Date