FOR PROFIT CORPORATION "UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED) DOCUMENT# DOCUMENT # 10/000 120541

1. Entity Name ADOP+ International, Irc. 03 OCT 13 AM 9:53 DO NOT WRITE IN THIS SPACE Miami RH 3. Mailing Address Financial Feneral Blob 407 Lincoln RD Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 530 15th street ガ 10.5 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 the obligations of registe SIGNATURE (NOTE: Registered Agent signature required when reins January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing After May 1, Fee is \$550.00 Amended UBR is \$61.25 \$5.00 May Be Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS CR2E034B (12/02) TITLE Pre-sinent TITLE Candace O'Brien NAME · NAME 300022920713 530 154 54 # 102 STREET ADDRESS STREET ADDRESS 10/20/03==01001--015 CITY-ST-ZIP CITY-ST-ZIP Miami Reach, FL 33139 MLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY-ST-7IP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 reference empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an

IGNING OFFICER OR DIRECTOR

ADOPT INTERNATIONAL

Florida Department of State Secretary of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

POINDER 20541

To Whom It May Concern:

Please find enclosed the Corporate Reinstatement form for AdoptInternational, Inc. formerly located at 1556 Euclid Avenue, #3, Miami Beach, Florida 33139. The company relocated and as a result we did not receive correspondence indicating the necessity of refiling documents. In 2003

Our new address is Financial Federal Building, 407 Lincoln Road, Suite 710, Miami Beach, Florida 33139.

Enclosed please find a check in the amount of \$300. We respectfully request waiver of penalty fees

Please do not hesitate to contact me at 305.984.2154 should you have any questions.

Singerely,

Candace O'Brien

Executive Director

Adoptinternational, Inc.