FILED Jun 27, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empow changed, or on an attachment with an address, y

SIGNATURE:

Secretary of State P01000121801 DOCUMENT # 05-15-2002 90168 006 ***150.00 1. Entity Name INFINIUM INVESTMENTS GROUP INC. Principal Place of Business Mailing Address 5160 N.W. 2ND ST. 5160 N.W. 2ND ST. MIAMI FL 33126 MIAMI FL 33126 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State -0538249 City & State Not Applicable 02 **\$8.75** Additional Country Zip Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POLL NELSON Street Address (P.O. Box Number is Not Acceptable) 5160 N.W. 2ND ST. MIAMI FL 33126 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 9/01 Addition ☐ Delete TITLE TITI F NAME GARCIA, MARIO NAME CR2E034 STREET ADDRESS STREET ADDRESS 6545 W. 26TH DR. APT 23 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 Addition Change ☐ Delete NAME POLL, NELSON STREET ADDRESS STREET ADDRESS 5160 N.W. 2ND ST. CITY-ST-ZIP CITY-ST-ZIF Miami FL 33126 ☐ Addition Change ☐ Delete IMLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE IME NAME , NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 empowers to execute this sport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if