FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Aug 28, 2003 8:00 am Secretary of State P02000010104 DOCUMENT # 08-28-2003 90068 005 ***150.00 1. Entity Name EVERYTHING TO DO. CORP. Mailing Address Principal Place of Business 1746 SW 125 CT 1746 SW 125 CT MIAMI FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VELEZ, LUIS A Street Address (P.O. Box Number is Not Acceptable) 1746 SW 125 CT MIAMI FL 33175 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. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE Change ☐ Addition VELEZ, LUIS A NAME NAME 1746 SW 125 CT STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change VELEZ, JUAN DAVID NAME 1746 SW 125 CT STREET ADDRESS STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ----- Change ☐ Addition 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 Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME

12. 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 reports 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 tristed empowered transacture this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trechanged, or on an attachment with

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

AHachmen+#

August 23, 2003

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To whom it may concern at Florida Department of State Division of Corporations. This is our first year with Everything To Do Corp. We had not received the letter asking for the payment. We only received document #PO2000010104 for the first time, without prior notice that any payment had to be done.

We are asking for a pardon, since we never received the first bill. We are sending you check No. 1076 from Bank of America for the amount of \$150. Thank you for your time.

Sincerely yours;

Everything To Do Corp.

1746 S.W. 125th Ct

Miami, Fl 33175