2003 FOR PROFIT CORPORATION

FILED Mar 31, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P02000019755 DOCUMENT # 1. Entity Name 03-31-2003 90233 031 ***150.00 KAREKAT CO., INC. Principal Place of Business. Mailing Address --2636 HERON LANE NORTH 2636 HERON LANE NORTH **CLEARWATER FL 33762** CLEARWATER FL 33762 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. S CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 01-0612282 Not Applicable Zip Country Zip 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 KO?LID SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 2636 HERON — N 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** CEARWARDL 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 PHILIP S. KOPLIN , Signature, typed or printed name of registered agent and title if applicable ature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete TITLE Change Addition KOPLIN, KAREN A NAME NAME 2636 HERON LANE NORTH STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33762** CITY-ST-ZIP CITY-ST-7IP Co-PRESIDENT VSTD TITLE ☐ Delete TITLE ☐ Addition KOPLIN. PHILIP S KOPCIN PHILLIP S NAME NAME 2636 HERON LANE NORTH STREET ADDRESS 2636 HERON LN N STREET ADDRESS **CLEARWATER FL 33762** CITY-ST-ZIP CITY-ST-ZIP CLEARLYTTER FU 33762 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-708 ☐ Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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 received trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmen

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

NAME

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

MAKER ST KORCIL

☐ Delete

☐ Delete

☐ Change

☐ Addition

☐ Addition