2003 FOR PROFIT CORPORATION

Apr 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000023791 DOCUMENT # 04-17-2003 90167 012 ***158.75 1. Entity Name AHUJA TRADING, INC. Principal Place of Business Mailing Address 1780 N WEST 20TH STREET 1780 N WEST 20TH STREET MIAM! FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address 4Jn AVE 1194 NW 1194 NW Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES # 103 # 103 City & State City & State 4. FEI Number Applied For FLORIDA EAUDERHILL FLORIDA LAUDERHILL 3512161256 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired 33313 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHARANJIT SING H SINGH, CHARANJIT Street Address (P.O. Box Number is Not Acceptable) 1780 N WEST 20TH STREET 1194 NN 40THAVE #103 City LAUDERHILL **MIAMI FL 33142** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWILL 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE Delete TITLE Change SINGH, CHARANJIT NAME NAME 1780 N WEST 20TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CITY-ST-7IP CITY-ST-ZIP ☐ Addition ٧D ☐ Delete TITLE Change SINGH, AMARJIT NAME 1780 N WEST 20TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF MIAM! FL 33142 TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP

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 receiver or 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

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

De!ete

Chara Mr. Sign 4/12/03 (954) 288 08/0

Change

☐ Addition

FILED