May-01-2003 01:20pm From- 3054718

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May 05, 2003 8:00 am
Secretary of State
05-05-2003 91877 044 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000029126

1. Entity Name: The Exodus Group, Inc.

2003

DO NOT WRITE IN THIS SPACE

90128807

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2. Principal Place of Business	3. Mailing Address
600 NW 183 Terr	600 NW 183 Terr
Suite, Apt #, etc	Suite, Apt #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33169 Country: USA	Zip: 33169 Country: USA

4. FEI Number: 02-0579440 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Johnson, Michael A.

Street Address (P.O. Box Number is Not Acceptable): 600 NW 183 Terr

City: Miami FL Zip Code: 33169

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: Michael A. Johnson 5/1/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	TITLE	
NAME	Johnson, Michael A.	NAME	
STREET ADDRESS	600 NW 183 Terr.	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33169	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael A. Johnson Director 5/1/03 305 975-1761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR