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Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90046 028 ***160.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000031495

1. Entity Name
FIRST CLASS VENTURES INC.

Principal Place of Business	Mailing Address
1100 W. AVE., SUITE 1016 MIAMI BCH, FL 33139	1100 W. AVE., SUITE 1016 MIAMI BCH, FL 33139

2. Principal Place of Business	3. Mailing Address
814 RAYMOND ST.	814 RAYMOND ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH, FLORIDA	City & State: MIAMI BEACH, FLORIDA
Zip: 33141-2512 Country	Zip: 33141-2512 Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0678142 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NILBRINK, JOHN
1100 W. AVE., SUITE 1016
MIAMI BCH, FL 33139

7. Name and Address of New Registered Agent

Name JOHN NILBRINK
Street Address (P.O. Box Number Is Not Acceptable)
814 RAYMOND STREET
City MIAMI BEACH FL Zip Code 33141-2512

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 JOHN NILBRINK 03-03-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NILBRINK, JOHN 1100 W. AVE., SUITE 1016 MIAMI BCH, FL 33139 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JOHN NILBRINK 814 RAYMOND STREET MIAMI BEACH, FL 33141-2512 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: JOHN NILBRINK 03-03-03 941-799-3242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)