## 2003 FOR PROFIT CORPORATION

## FILED Jul 29, 2003 8:00 am Secretary of State

UN	IFUNNI BUSINE	33 NEPUN	<u> </u>	PPI		07-10-20	03 90112 048 ***	150.00
1. Entity Nam		00035521 BIN, INC.	/				550	52651
Principal Place of Business 8036 HARDING AVE. STE 2 MIAMI BCH FL 33141		Mailing Address 8036 HARDING AVE. STE 2 MIAMI BCH FL 33141				2 Execute 2 +		
					- {			
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 65-113	4437	Applied For Not Applicable,	
Zip	Country	Z p	Country		, <b>{</b>	5. Certificate of Status Desired		
	6. Name and Address of Current	Registered Agent				7. Name and Address of New		
Name					- · -	* ************************************	ومدرست ما مسالس داد الماسان	_ }
D'ROMEO, MARIO 8038 HARDING AVE, STE 2 MIAMI BCH FL 33141				Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
	// I L 00141			City			<b>□</b> Zip Co	
						<u></u>		i
the obligation	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or reg	gistered	agent, or both, in the State of f	Florida. I am familiar with	i, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Plegistere	d Agent signature re	equired wit	nen reinstating)	DATE	}
After Seg	ILE NOW!!! FEE IS \$550.00					9. Election Campaign f Trust Fund Contribut	- ,,,	00 May Be
10. OFFICERS AND DIRECTORS			11.			ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	RS IN 11
TITLE	FCEO Delete		TITLE				☐ Change	Addition
NAME . Street adoress City-St-Ztp	D'ROMEO, MARIO 8038 HARDING AVE, STE 2 MAMI BCH FL 33141		•	ET ADDRESS -ST-ZIP				
TITLE NAME		☐ Delete	TITLE				Change	Addition
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADORESS ST-ZIP				
TITLE NAME		☐ Delete	TITLE				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•	1			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•				☐ Change	Addition
of the corp	ertify that the information supplied with to on this report or supplemental report is a poration or the receiver or trustee empoy or on an attachment with an eddress, wi	rue and accurate and that my vered to execute this report a	/ Sinnati	ire shell have t	the con	na lanal offact as if made under	noth that I am an office	r Or dispose