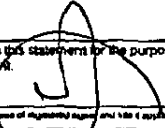
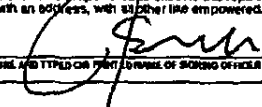


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-07-2003 91030 037 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000035755		
1. Entity Name NAIKS SERVICES USA, INC.		
Principal Place of Business % GRANT KAPLAN 20283 STATE ROAD 7 #400 BOCA RATON, FL 33498		Mailing Address % GRANT KAPLAN 20283 STATE ROAD 7 #400 BOCA RATON, FL 33498
2. Principal Place of Business		3. Mailing Address Box 5032
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State Deerfield Beach FL
Zip	Country	Zip 33442 Country
4. FEI Number 03-0421080		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132		7. Name and Address of New Registered Agent Name NAIK S Street Address (P.O. Box Number is Not Acceptable) 130 NE 4TH Ave City Deerfield Beach FL 33441
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, and accept the obligations of registered agent. SIGNATURE  DATE 4.11.07 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Foreign and Agent Signature required when re-registering)		
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fee
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete D NAIK, S. S 20283 STATE ROAD 7 #400 BOCA RATON, FL 33498	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☒ Addition P S U P T
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	☐ 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, and 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 signature and name empowered.		
SIGNATURE: 		DATE: 4/11/07