2003 FOR PROFIT CORPORATION

FILED Jan 23, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR Secretary of State** P02000042255 DOCUMENT # 01-23-2003 90139 045 ***150.00 1. Entity Name RIO GRANDE, INC. OF ORLANDO Principal Place of Business Mailing Address 7741 SUNDIAL LANE 7741 SUNDIAL LANE ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address 2804 9931 SIRMGRANDE AVE X CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 82-054 H30 ORLANDO ORLAND() Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired ORANGE 32*836* ORANGE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PHILIP L. LOGAS, P.A. Street Address (P.O. Box Number is Not Acceptable) 34 E. PINE ST. ORLANDO FL 32801 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! 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 10. ☐ Addition Delete TITLE TITLE SHAH, HARISH NAME NAME 9931 KILGUIE RD. STREET ADDRESS 7741 SUNDIAL LANE STREET ADDRESS ORLANDO FL-32819 012 LANDO, FT. 32836 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE --[-]:Change 🖸 Deléter ∽ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TÜLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Change 1 ☐ Addition TITLE Delete TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP