FILED
Jun 23, 2003 8:00 am
Secretary of State
06-23-2003 90061 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

890127484

DOCUMENT # P02000051865

1. Entity Name
PRINCIPAL INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
17811 EAGLE TRACE DR TAMPA, FL 33647	17811 EAGLE TRACE DR TAMPA, FL 33647

2. Principal Place of Business	3. Mailing Address
1315 US Hwy 98 South	1315 US Hwy 98 South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Lakeland, Florida	Lakeland, Florida
Zip: 33801 Country:	Zip: 33801 Country:

[redacted]

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 04-3665716 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MASWADI, ZEYAD A
17811 EAGLE TRACE DR
TAMPA, FL 33647

7. Name and Address of New Registered Agent

Name: Ramez Kishta
Street Address (P.O. Box Number is Not Acceptable): 1315 US Hwy 98 South
City: Lakeland, FL Zip Code: 33801

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: [signature] DATE
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent's signature required when submitting)

~~FEE IS $150.00~~
~~After May 1, 2003 FEE IS $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	P MASWADI, ZEYAD A 17811 EAGLE TRACE DR TAMPA, FL 33647	☒ Delete	P/T/S/D Massara Kishta 1315 US Hwy 98 South Lakeland, FL 33801	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KHALIL, AMIR M 17811 EAGLE TRACE DR TAMPA, FL 33647	☒ Delete	V/D Ramez Kishta 1315 US Hwy 98 South Lakeland, FL 33801	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E034 (10/02)

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: Massara Kishta 6/19/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #