2003 FOR PROFIT CORPORATION

FILED Mar 03, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR** Secretary of State P02000053378 **DOCUMENT #** 1. Entity Name 03-03-2003 90431 020 ***150.00 P & R EQUITY BUILDERS CORP. Principal Place of Business Mailing Address P O BOX 24585 P O BOX 24585 PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 Principal Place of Busines Suite, Apt. #. etc CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEWART, PAM Street Address (P.O. Box Number is Not Acceptable) 331 SW 64 WAY PEMBROKE PINES FL 33023 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. 2-25-03 SIGNATURE (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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Change ☐ Addition STEWART, PAM NAME NAME 331 SW 64 WAY STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33023 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE L Delete VIANA, RHONDA NAME NAME 7750 NW 44 CT STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33051 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ___ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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 attachingent with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE: 4

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

Change

☐ Addition