

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90221 009 ***150.00

| | |
|-----------------------|--------------|
| DOCUMENT # | P02000059486 |
| 1. Entity Name | |
| KONSTANTIN, INC. | |

20036068

DO NOT WRITE IN THIS SPACE

| | | | |
|--|----------------|---------------------------|----------------|
| 2. Principal Place of Business 700 N.E. 4TH COURT #4 | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State HALLANDALE, FL | | City & State | |
| Zip 33009 | Country | Zip | Country |

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| | | | |
|--|--|---|--|
| 4. FEI Number 01-0709263 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

| | |
|--|-----------------------|
| Name KONSTANTINE RUSSIN | |
| Street Address (P.O. Box Number is Not Acceptable) 700 N.E. 4TH COURT #4 | |
| City HALLANDALE, FL | Zip Code FL |

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 *X Konstantin Russin*

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|-----------------------------------|
| TITLE PRESIDENT | NAME KONSTANTINE RUSSIN |
| STREET ADDRESS 700 N.E. 4TH COURT #4 | |
| CITY-ST-ZIP HALLANDALE, FL | |
| TITLE | NAME |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | NAME |
| STREET ADDRESS | |
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11.

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|-----------------------|-------------|
| TITLE | NAME |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | NAME |
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| TITLE | NAME |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *X Konstantin Russin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #