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Secretary of State

05-16-2003 90186 050 ***150.00

5/16

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000066475

1. Entity Name

Jigga Love Lingerie inc

DO NOT WRITE IN THIS SPACE

[redacted]

55048635

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1450 NE 163 St	1450 NE 163 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Miami Beach FL	City & State: N. Miami Beach FL
Zip: 33162 Country: USA	Zip: 333 Country: USA

4. FEI Number: 421539625 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Errol Lee Francis

Street Address (P.O. Box Number is Not Acceptable): 1450 NE 163 St

City: N. Miami Beach FL Zip Code: 33162

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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 5-9-03 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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Owner	TITLE	
NAME	Errol Lee Francis	NAME	
STREET ADDRESS	1450 NE 163 St	STREET ADDRESS	
CITY-ST-ZIP	N. Miami Beach FL 33162	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 550486835

[redacted] May 9th 2003

#P020006047 5

To: Whom It May Concern

I Errol Francis of Giggle Love Lingerie Inc Didnot Receive this Form Uniform Business Report From you in time there for I Shouldnit Be Responsible for the late Fee

Thank You

Errol Francis