Apr 07, 2003 8:00 am Secretary of State

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SIGNATURE:

03-24-2003 90646 017 ***150 00 DOCUMENT # P02000068010 BHAKTA INTERNATIONAL TRADING, INC. Principal Place of Business Mailing Address 641 10TH STREET 3405 NW 9 AVENUE SUITE 8 #1201 MIAMI BEACH FL 33139 FT. LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 'Applied For 02-062168 Not Applicable Zip Country \$8:75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREENE, ELLIOT Street Address (P.O. Box Number is Not Acceptable) 3405 NW 9 AVENUE #1201 FT. LAUDERDALE FL 33309 City Zip Códe 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. CR2E034 (10/02) TITLE ☐ Delete TITLE Change NAME BHAKTA, SANJINI NAME STREET ADDRESS 3405 NW 9 AVENUE, #1201 STREET ADDRESS FT. LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP th his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 powered to execute this report as required by Chanter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supply of the corporation or the rec changed, or on an attach