2003 FOR PROFIT CORPORATION

FILED May 02, 2003 8:00 am § **UNIFORM BUSINESS REPORT (UBR** Secretary of State DOCUMENT # P02000068920 05-02-2003 90729 031 ***150.00 1. Entity Name EA INVESTORS INC. Principal Place of Business Mailing Address 267 RIVERSIDE DR. 4 8 36 6 427 ZELDA BLVD. HOLLY HILL FL 32117 DAYTONA BEACH FL 32118 3. Mailing Addres 2. Principal Place of Business Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 01-072678 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired usA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARRUBBA JR., ETTORE VP Street Address (P.O. Box Number is Not Acceptable) 427 ZELDA BLVD. DAYTONA BEACH FL 32118 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Addition NAME NAME SCALISE, ANNA M STREET ADDRESS STREET ADDRESS 427 ZELDA BLVD. CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32118 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME CARRUBBA JR., ETTORE STREET ADDRESS STREET ADDRESS 427 ZELDA BLVD. CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32118 TITLE ☐ Change - Addition TITLE ? ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Ettore Corrubba Ir.

☐ Change

☐ Addition