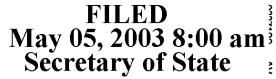
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



| DOCUMENT # P02000077893 1. Entity Name AMERICAN WALLS, INC. | | | | | | Secretary of State 05-05-2003 90175 016 ***150.00 | | |
|--|--|--|---------------|--|--|--|---------------|--|
| Principal Place of Business 3585 NW 31ST AVE OAKLAND PARK FL 33309 | | Mailing Address 3585 NW 31ST AVE OAKLAND PARK FL 33309 | | | | | | |
| 2. Principal P | 3. Mailing Address | ng Address | | | 7 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | |
| City & State | | City & State | | | 4. FEI Number Applied For Not Applicable | | | |
| Zip | Country | Zip | Coun | try | | Sertificate of Status Desired | | |
| | 6. Name and Address of Current R | egistered Agent | · | | 7. N | ame and Address of New Registered Agent | 1 | |
| | والمراج والمستقيد فتحفظ فليت أأماها في | were and the second | | Name | · - - | والمناسب المنافعة والمنافعة المعاملات المنافعة ا | | |
| DAIAGI, SCOTT 3585 NW 31ST AVE | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| OAKLAND PARK FL 33309 | | | | | | | 1 | |
| OANDANO | TARK I E GOOD | | | City | | FL Zip Code | | |
| | named entity submits this statement for ions of registered agent. | the purpose of changing its | registere | ed office or register | ed age | ent, or both, in the State of Florida. I am familiar with, and accept | | |
| ۵ | | | | | | 4/30/03 | | |
| SIGNATURE. | Signature, typed or printed name of registered agent an | d title if applicable. (NOTE | E: Registere | d Agent signature required | l when rein | nstating) DATE | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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 D | I IRECTORS | 11. | | ADE | DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | i | |
| TITLE | president | ☐ Delete | THTLE | | | ☐ Change ☐ Addition | 18 | |
| NAME | CORTO DALAGE | مر د مر | NAM | | | | 3 | |
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| TITLE . | | ☐ Delete | TITLE Nami | | | ☐ Change ☐ Addition | | |
| NAME STREET ADDRESS | | | | ET ADDRESS | | | | |

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

SIGNATURE:

CITY-ST-ZIP

un zadired MED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #