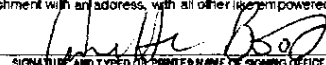


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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000079100			
1. Entity Name AMINO SOLUTIONS, INC.			
Principal Place of Business 4414 WEST OAKLAND PARK BOULEVARD LAUDERDALE LAKES, FL 33313		Mailing Address 4414 WEST OAKLAND PARK BOULEVARD LAUDERDALE LAKES, FL 33313	
2. Principal Place of Business 3800 W. Broward Blvd Suite 111, etc.		3. Mailing Address 1300 St Charles PL #720 Suite, Apt. #, etc. 720	
City & State Ft Lauderdale FL		City & State Pembroke Pines FL	
Zip 33312	Country	Zip 33026	Country
4. FEI Number 71-0847454		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOOTH, ANNETTE 4414 WEST OAKLAND PARK BLVD. LAUDERDALE LAKES, FL 33313		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  DATE 6/5/03 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating)			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOOTH, ANNETTE 4414 WEST OAKLAND PARK BOULEVARD LAUDERDALE LAKES, FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Secretary Booth Annette 3800 W. Broward Blvd suite 111 Ft Lauderdale, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BOOTH, BEVERLY 4414 WEST OAKLAND PARK BOULEVARD LAUDERDALE LAKES, FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director, Treasurer Booth, Beverly 3800 W. Broward Blvd Ft Lauderdale, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information included on this report or supplier/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.			
SIGNATURE: 		6/5/03 984749155	

CREDITS (10/03)

21 6/10