2004 FOR PROFIT CORPORATION

Aug 30, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P02000080132 08-30-2004 90002 003 ***150.00 1. Entity Name MTM OF TAMPA, INC. Principal Place of Business Mailing Address 54070648 110 S MANHATTAN AVE #78 2401 S. DALE MABRY HWY. TAMPA, FL 33609 STE B TAMPA, FL 33629 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07192004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 54-2065572 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **D**HIMA, MAKSIM Street Address (P.O. Box Number is Not Acceptable) 110 S MANHATTAN AVE APT 78 TAMPA, FL 33609 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DΡ TITLE Change Delete TITLE ☐ Addition DHIMA, MAKSIM DHIMA, MAKSIM NAME NAME 110 S. MANHATTAN AVE #77 STREET ADDRESS 110 S MANHATTAN AVE #78 STREET ADDRESS TAMPA, FL 33609 CITY-ST-ZIP **TAMPA, FL 33609** CITY-ST-ZIP DV ☐ Delete TITLE TITLE Change Addition DHIMA, MATILDA DHIMA, MATILDA NAME NAME 110 S. MANHATIAN AVC#77 STREET ADDRESS 110 S MANHATTAN AVE #78 STREET ADDRESS TAMPA FL 33609 CITY-ST-712 TAMPA, FL 33609 CITY-ST-7IP TITLE Delete Change TITLE ☐ Addition DHIMA, TATSANA DHIMA, TATJANA NAME 110 S. MANHATTAN AVEFTT 110 S MANHATTAN AVE #78 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 CITY-ST-ZIP Change TITLE Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

MATILDA DHIMA-DV

CITY-ST-7IP