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Jan 28, 2008 8:00 am
Secretary of State
01-28-2008 90037 010 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000082095

1. Entity Name
KASULIK, INC.

40011017

01022008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1250 E HALLANDALE BEACH BLVD 808 HALLANDALE, FL 33009	1250 E HALLANDALE BEACH BLVD 808 HALLANDALE, FL 33009

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1250 E Hallandale Beach Blvd.		1250 E Hallandale Beach Blvd.	
Suite, Apt. #, etc. 1007		Suite, Apt. #, etc. 1007	
City & State Hallandale, FL		City & State Hallandale, FL	
Zip 33009	Country USA	Zip 33009	Country USA

4. FEI Number 22-3872062 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AGI REGISTERED AGENTS INC 1200 BRICKELL AVE SUITE 900 MIAMI, FL 33131	Name Atrium Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Avenue Suite 125 City Coral Gables FL Zip Code 33146

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: Atrium Registered Agents, Inc. By: Jack Finkelman, VP

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
After May 1, 2008 Fee will be $550.00

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	PSD SHNEIDERMAN, RICARDO 1250 E. HALLANDALE BEACH BLVD. STE 808 HALLANDALE, FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHNEIDERMAN, RICARDO 1250 E. HALLANDALE BEACH BLVD., STE 808 HALLANDALE, FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: [signature] Jan-09-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #