SIGNATURE:

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED Sep 08, 2003 8:00 am Secretary of State			
DOCUMENT # P0200089891 1. Entity Name SOUTHPAW DELI, INC.							y of State 44 048 ***150.00		AV
Principal Plac 1865 KEEWIN PALM BAY FL	AVENUE NE. APT. B	Mailing Address 1865 KEEWIN AVENUE NE. APT PALM BAY FL 32905							
2. Principal F	Place of Business SAME AS Above	3. Mailing Address SAMR, AS CASUL			 	18038-11011-10111-00111-16114-6801 	U (0)18 10101 14110 1		
Suite, Apt.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & Stat	am Bau Fi	City & State	ı,		4. FEI Number	055731		plied For t Applicable	}
Zip 39905 Country		-Zip 32905	Coun	ŠĀ.	5. Certificate of	Status Desired	**************************************		-
	6. Name and Address of Current	Registered Agent			7. Name and Ad	idress of New Registere	d Agent]
1865 KEE	Stuart C Win Avenue Ne, Apt. B			Name Street Address (P.O. Box Number is	s Not Acceptable)			
PALM BAY	FL 32905								
				City		F	Zip Cod	9	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or register	ed agent, or both,	n the State of Florida. I a	m familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTI	E: Registere	d Agent signature required	when reinstating)	DATI			
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750. k Payable to Florida Department of	I				on Campaign Financing Fund Contribution.		0 May Be to Fees	
10.	OFFICERS AND		11,		ADDITIONS/CH	IANGES TO OFFICERS A	ND DIRECTORS	3 IN 11	}
TITLE NAME	D PITTMAN, STUART C 1865 KEEWIN AVENUE NE, APT.	□ Delete	TITLE NAM! STRE		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	34 (4/03)
CITY-ST-ZIP	PALM BAY FL 32905		CITY	ST-ZIP					CRZEO
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NAME STREET ADDRESS		☐ Delete		E ET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME		☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		this filling decrees the	CITY-	ST-ZIP		The late Organization of the			
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that r wered to execute this report	ny signat as requir	ure shall have the s	same legal effect a	s if made under oath; that	I am an officer s in Block 10 or	or director	

Presdent/Drecky State (CAHMA)

Affachment

16:49 9/3/2003

Dear Dept.of Coporations:

This is my first filing. As I ask around and been told the initial filing fee is \$150.00. This is the amount I enclose. If this is in error please show me what I have done wrong. As I stated, I am new at this and I don't want to start Should. Ithman president

off angering any authority.

Respectfully,

Stuart C. Pittman

Inc.

outhPaw Deli's