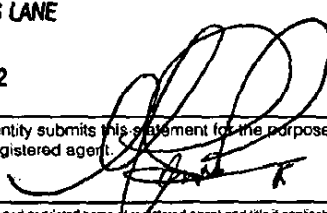
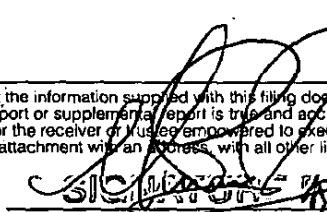


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90302 001 ***158.75

DOCUMENT # P02000093327					
1. Entity Name MURAL DESIGNS CORPORATION					
Principal Place of Business 2695 WILD PINES LANE 629 NAPLES FL 34112			Mailing Address 2695 WILD PINES LANE 629 NAPLES FL 34112		
2. Principal Place of Business 3823 Tamiami Trail East			3. Mailing Address 3823 Tamiami Trail East		
Suite, Apt. #, etc. P.M.B. 182			Suite, Apt. #, etc. P.M.B. 182		
City & State Naples, FL			City & State Naples, FL		
Zip 34112	Country U.S.A.	Zip 34112	Country U.S.A.	4. FEI Number 38-3657053	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREIRA, MOISES I 2695 WILD PINES LANE APT 629 NAPLES FL 34112			7. Name and Address of New Registered Agent PEREIRA, MOISES I 3823 Tamiami Trail East P.M.B. 182 NAPLES FL 34112		
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  MOISES I. PEREIRA RESIDENT 01/06/2003 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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 DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREIRA, MOISES I 2695 WILD PINES LANE, APT 629 NAPLES FL 34112 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREIRA, MOISES I 3823 Tamiami Trail East P.M.B. 182 Naples, FL 34112 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VENEGAS, YOLY M 2695 WILD PINES LANE, APT 629 NAPLES FL 34112 ☐ Delete		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			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)(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.					
SIGNATURE:  MOISES I. PEREIRA 01/06/2003 239-825-8733 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)