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

800017450

Principal Place of Business	Mailing Address
2695 WILD PINES LANE 629 NAPLES FL 34112	2695 WILD PINES LANE 629 NAPLES FL 34112

2. Principal Place of Business	3. Mailing Address
3823 Tamiami Trail East	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.

☒ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
PEREIRA, MOISES I 2695 WILD PINES LANE APT 629 NAPLES FL 34112	Name: PEREIRA, MOISES I. Street Address (P.O. Box Number is Not Acceptable): 3823 Tamiami Trail East P.M.B. 182 City: NAPLES FL Zip Code: 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 [signature] MOISES I. PEREIRA PRESIDENT 01/06/2003
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, 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		☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] MOISES I. PEREIRA PRESIDENT 01/06/2003 239-825-8733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #