2003 FOR PROFIT CORPORATION

Aug 13, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P02000095504 DOCUMENT # 08-13-2003 90075 026 ***158.75 1. Entity Name RUIZ FRAMING CORPORATION Principal Place of Business Mailing Address 4404 STATE ROAD 574 4404 STATE ROAD 574 **LOT 72 LOT 72** PLANT CITY FL 33567 PLANT CITY FL 33567 2. Principal Place of Business Mailing Addres CHECK HERE IF MAKING CHANGES 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent trancisco RUIZ. FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 4504 State Road 574 4404 STATE ROAD 574 LOT 72 PLANT CITY FL 33567 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 VIZ ne of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. **PVST** ☐ Change X Addition TITLE ☐ Delete TITLE RUIZ, FRANCISCO Brenda Ruiz NAME NAME State Road 574 #72 4404 STATE ROAD 574 #72 STREET ADDRESS STREET ADDRESS PLANT CITY FL 33567 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE RUIZ: FRANCISCO -NAME NAME 4404 STATE ROAD 574 #72 STREET ADDRESS STREET ADDRESS PLANT CITY FL 33567 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

affachment 5 The Division of Corporation Augustio, 2003 This Corporation did Not Kereive a prior Notice it mus be Because of the address being incorrect. Also the Zip lade change this year please Note New Address (Correct) Thank you President of Corporation Please call it any Quistion hunk you Again.