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2003 FOF UNIFORM		FILED Apr 14, 2003 8:00 am Secretary of State				
DOCUMENT # 1. Entity Name CORPUS SPORT, INC.	P0200	0099322		Secretary of 04-14-2003 90397 028 *		
Principal Place of Business 13797 SW 32 ST MIRAMAR FL 33027		Mailing Address 13797 SW 32 ST MIRAMAR FL 33027		 		
2. Principal Place of Business 10030 NW 44 Suite, Apt. #, etc.	HI TER	3. Mailing Address /0030 NW Suite, Apt. #, etc.	44# TER	LIBRIUM III BRIM IIIII BRIM BOIN DOINI BUIN IIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	# 	
City & State Miami - Flo	RIDA	City & State MiAMi - Flo	DRIDA	4. FEI Number 43 - 1974860	Applied For Not Applicable	
	S.A"	33/78	U.S.A.	Fee Fee	.75 Additional Required	
6. Name and Address of Current Registered Agent DAYOUB, MANZUR 13797 SW 32 ST MIRAMAR FL 33027			Name Da	7. Name and Address of New Registered Agent Name DAYOUB, MANZUR Street Address (P.O. Box Number is Not Acceptable)		
			Street Address (
			10030 NW 44TH TERRALE			
			City MIA			
*8. The above named entity submitthe obligations of registered ag		the purpose of changing its reg	istered office or register	ed agent, or both, in the State of Florida. I am famil	lar with, and accept	

Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERAN, FRANCIS 13797 SW 32 ST MIRAMAR FL 33027	☐ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	TERAN, FRANCIS (Change Addition 10030 NW 44 TERRACE MIAMI, Florida 33178		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V . TERAN, ALEXANDRA M 13797 SW 32 ST MIRAMAR FL 33027	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DAYOUB, MANZUR 13797 SW 32 ST MIRAMAR FL 33027	☐ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	DAYOUB, HANZUR TERRANCE. Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change ☐ Addition		

12. I hereby certify that the information supplied with this filling 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

Signature, typed or printed name of registered agent and the if applicable.

ZEQUIRERANCIS TERAN

CR2E034 (10/02)