2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

P02000102436 03 SEP -1 PH 12: 37 DOCUMENT # 1. Entity Name AFFORDABLE SOLUTIONS, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA Malling Address Principal Place of Business 1840 SW 22 ST P.O. 80X 203 ISM PORT RICHE MIAMI FL 33145 3. Mailing Address 2. Principal Place of Business 04/15/03 90091 016 \$150.00 3 STATE CHECK HERE IF MAKING CHANGES Applied For Number City & State City & State Not Applicable KICHEY KICHES \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22 ST 4 FLOOR MIAMI FL 33145 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and tide It applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. CR2E034 (10/02 ☐ Change Addition □ Delete TITS E TITLE NAME SPALLA, HERB NAME STREET ADDRESS 1840 SW 22 ST STREET ADORESS CITY-ST-ZIP MIAM! FL 33145 CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Defete TITLE NAME" NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

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Florida Department of State
Division of Corporations, Uniform Business Report
% Kathy, Reinstatement
P.O. Box 6327
Tallahassee, FL 32314

8-1-03

Re: Affordable Solutions, Inc. Document #P02000102436 **** Waiver Request *****

Kathy,

Thank you for your help on the phone today. I had called previously on 7-11-03 when I received a delinquent notice. The person I spoke with (at #850-245-6059), explained that I had paid the \$150 fee with a bank money order (#348-4309-267) on 4-3-03, which was deposited on 4-15-03 (your deposit #4/15/03-90091-016-150). I was told that I had neglected to put the FEI # (14-1847615) in the proper box. I've attached a photocopy of the form submitted, along with the proof of delivery. An address change was requested, and the notice went to the old address. I apologize for any inconvenience the change of address may have caused. I would like to request a waiver of the \$400 penalty. Due to the mailing mix-up I could have responded sooner. This was my first filing, and knowing what to expect will certainly be able to file in the future without incident. Thank you for your time and assistance.

Sincerely, How Salla

Affordable Solutions, Inc. 7143 State Rd 54, #149 New Port Richey, FL 34653

Cc: Spiegel & Utrera, P.A. Client #03-0292272 1840 SW 22 ST Miami, FL 33145