FILED

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000131762

1. Entity Name B & A RIGGING AND LEASING, INC Mailing Address	2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)							Apr 28, 2003 8:00 am Secretary of State			
Principal Place of Rustinings 1870 FOREST HILL BLVD. SUITE 21 WEST PAUM BEACH R. 3806 WEST PAUM BEACH R. 2806 2. Principal Place of Business Suite. Apil. #. eftc. City & State Application See	1. Entity Name										
1907 FOREST HILL BLVD. 1907 FOREST HILL BL	B & A RIGGING A	ND LEASING, INC									
Suite, Apl. #, etc. City & State Country S. Certificate of Status Desired See Required See Required Street Address of Norw Registered Agent Nome KRAYTZ, BRUCE I ESQ. 187-7-FOREST HILL BLVD. SUITE 211 WEST PALM BEACH FL 33406 Street Address (PO. Box Number is Not Acceptable) FL Zip Code 8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am Lamillar with, and accept the obligations of registered spent. SIGNATURE Signates trace or street rave of registered agent and life if apostation After May 1, 2003 Fee will be \$55,00 Mey Be Address (PO. Box Number in Not Acceptable) PL Zip Code 8. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am Lamillar with, and accept the obligation of registered agent, or both, in the State of Forida. I am Lamillar with, and accept the obligation of registered agent, or both, in the State of Forida. I am Lamillar with, and accept the obligation of registered agent, or both, in the State of Forida. I am Lamillar with, and accept and the factor of the purpose of registered agent, or both, in the State of Forida. I am Lamillar with, and accept and the factor of Forida and the	1870 FOREST HILL BLVD. 187 SUITE 211 SUI			1870 FOREST HILL BLVD. SUITE 211							
City & State A. FEI Number 13 - 42 38 60 2 Nor Applied For Nor Applied Fo	2. Principal Place of Busi	3. Mailing Address					A REGULERA AND REGILE HIGHA EARLY REGILL ERARD ALBERT AND A HIGHA FRANCE ENTITE OFFICE FRANCE				
Zip Country Zip Country s. Certificate of Sistus Desired S.75 Additional Fee Required 6. Name and Address of Current Registered Agent	Suite, Apt. #, etc.	Suite, Apt. #, etc.]	☐ CHECK HERE IF MAKING CHANGES					
Steer Address of Status Desired \$8.75 Additional \$8.75 Additional	City & State	City & State					4. F	FEI Number Applied For Not Applicable	İ		
Name Street Address (P.O. Box Number is Not Acceptable)	Zip Country		Zip Co		Countr	intry		5. (Certificate of Status Desired S8.75 Additional		
Street Address (P.O. Box Number is Not Acceptable)	6. Name	and Address of Current	Registere	d Agent	-	نوچين چې سر ب		_ 7 N	Name and Address of New Registered Agent		
187. FOREST HILL BLVD. SUITE 211 WEST PALM BEACH FL 33406 City FL Zip Code						Name					
SUITE 211 WEST PALM BEACH FL 33406 City FL 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE AMAGE SIREET ADDRESS CITY-ST-ZIP SIGNATURE Obelete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, 7L 33YO be addition when rendating) SECOND AGENCY AND DIRECTORS IN THE BEACH STATE	1				_	Street Address (P.O. Box Number is Not Acceptable)					
### City FL 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 Signature, bypood or primate name of registered agent and late if applicable (NOTE: Registered Agent signature required when removaling) DATE FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 2, 2003 Fee will be \$550.00 After		DĽAĎ'			H					١	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature types or printed name of registered agent and stell applicable (NOTE: Registered Agent signature required when renatating) DATE	f ·									l	
THE HE POPULATION STREET ADDRESS CITY-ST-ZIP TITLE	WEST FALM DEAUTIFL 33400					City FL Zip Code				l	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIFECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP 10. Delete NAME STREET ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP 15. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP 16. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP 17. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 17. ADDITIONS/CHANGES TO OFFIC			the purpo	ose of changing its re	gistered	d office or re	egistere	d age	ent, or both, in the State of Florida. I am familiar with, and accept		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		d or printed name of registered agent at	nd title if appl	icable. (NOTE: F	Registered	Agent signature	e required v	vhen re	einstating) DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	After May 1, 2003 Fee will be \$550.00					_		· · · · · · · · · · · · · · · · · · ·			
ITILE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete Delete TITLE Delete TITLE Delete Delete Delete TITLE Delete Delete Delete TITLE Delete Delete Delete Delete Delete TITLE Delete	10. OFFICERS AND DIRI			RS	11.			AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Change Addition Change Addition Change Addition	TILE L_J Delete IAME TREET ADDRESS					1 ADDITES					
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE	CITY-ST-ZIP	·····		···	CITY-S	ST-ZIP	WE	6T	PALM ISEACH, FL 33406	ľ	
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE	TITLE			Delete			BRu	CE	I KRAVITZ PRESIDE THOUGHT	1	
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE				•		T ADDRESS /	1870	>	FIREST HILLBLID # 211	ı	
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE	CITY-ST-ZIP					ST-ZIP	WE'S	テ!!	PAIN BEACH FL 33406	ĺ	
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE	TITLE ·	The state of the state of	-	- Delete	- FITLE	المستحد الم			Change Addition	-	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE CITY-ST-ZIP	NAME]-					
TITLE	STREET ADDRESS CITY-ST-ZIP										
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE				☐ Delete	!	-	 -		☐ Change ☐ Addition		
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change	NAME				B						
TITLE Delete TITLE Change Addition	STREET ADDRESS				STREE	T ADDRESS					
	CITY-ST-ZIP				CITY-S	ST-ZIP				ļ	
	TITLE NAME			☐ Delete	TITLE NAME				☐ Change ☐ Addition		

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

ZNATORE REGUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

(521) 968-5673

☐ Change

☐ Addition