2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # P03000048311 1. Entity Name 04-25-2005 90228 025 ***150.00 SINGH FAMILY CORPORATION Principal Place of Business Mailing Address 8405 NW 29TH ST MIAMI FL 33122 8405 NW 29TH ST MIAMI FL 33122 3. Mailing Address Pのり 2. Principal Place of Business 228234 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 01-0780942 DORAL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 4 S A 33122 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SLOTO, JAMES R ESQ. 200 S. BISCAYNE BLVD. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 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. Change Addition RAM KUMBR SINKY TITLE ☐ Defete TITLE SINGH, RAM K NAME PO PO BO 22 B234 STREET ADDRESS 8405 NW 29TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33122 CITY-ST-ZIP DORAL FL33122 ADLES 5 TITLE ☐ Delete TITLE RAHUL SINGH SINGH, RAHUL 00 BON 22 8234 DORAL FL 33122 STREET ADDRESS 8405 NW 29TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33122 CITY-ST-7IP TITLE Delete TITLE Change Addition ADRBS S AROJNI SINGH NAME SINGH, SAROJNI NAME STREET ADDRESS 8405 NW 29TH ST STREET ADDRESS POSOD 228234 CITY-ST-ZIP MIAMI FL 33122 CITY-ST-ZIP DOBAL Change ☐ Delete ☐ Addition NAME LINHART, RITU NAME ADDRESS RITU LINHART 8405 NW 29TH ST STREET ADDRESS STREET ADDRESS MIAMI FL 33122 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

RAMKUMARSINGHA-20-05
GOFFICER OR DIRECTOR

FILED

☐ Change

■ Addition