

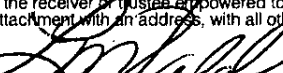


FILED
Apr 24, 2008 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P03000053009 1. Entity Name: CYBERMAGGIE WORLD, INC.</div><div style="text-align: center;"></div></div>		Apr 24, 2008 08:00 Secretary of State									
<div style="flex: 1; padding: 5px;">Principal Place of Business 16500 SW 39TH ST MIRAMAR, FL 33027</div> <div style="flex: 1; padding: 5px;">Mailing Address 16500 SW 39TH ST MIRAMAR, FL 33027</div>											
DO NOT WRITE IN THIS SPACE		<div style="text-align: center;"></div> <div style="display: flex; justify-content: space-between; font-size: 10px;">04222008No Chg-PCR2E034 (11/05)</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%; padding: 2px;">4. FEI Number 54-2110309</td><td style="width: 20%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 54-2110309	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required											
6. Name and Address of Current Registered Agent VALDES, LUZ MAGALY 16500 SW 9TH ST MIRAMAR, FL 33027		DO NOT WRITE IN THIS SPACE									
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.											
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div><small>(NOTE: Registered Agent signature required when reinstating)</small></div><div><small>DATE</small></div></div>											
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;">FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</div><div style="width: 30%;">9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div><div style="width: 30%; text-align: right; font-size: 12px;">000000919286 05/13/08-80117-009 150.00</div></div>		DO NOT WRITE IN THIS SPACE									
10. OFFICERS AND DIRECTORS											
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%; font-size: 8px;">TITLE</td><td style="width: 10%; font-size: 8px;">NAME</td><td style="width: 80%;">DPS VALDES, LUZ MAGALY</td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td><td>16500 SW 39TH ST</td></tr><tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td></td><td>MIRAMAR, FL 33027</td></tr></table>			TITLE	NAME	DPS VALDES, LUZ MAGALY	STREET ADDRESS		16500 SW 39TH ST	CITY-ST-ZIP		MIRAMAR, FL 33027
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-20-08									