FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \*\*

## FILED Apr 22, 2004 8:00 am Secretary of State

DOCUMENT # 04-22-2004 90008 033 \*\*\*150.00 03 nnnn 90336 1. Entity Name ZYDECO PAINTING, INC. DO NOT WRITE IN THIS SPACE 54038368 2. Principal Place of Business 3. Mailing Address 635 EUCLID AVENUE 635 EUCLĪD AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 103 City & State City & State 4. FEI Number Applied For MIAMI BEACH, FL MIAMI BEACH, FL 27-0065604 Not Applicable Zip. Country\_\_\_\_ Zip. .Country\_. \$8.75 Additional 5. Certificate of Status Desired 33139 33139 Fee Required USA 7. Name and Address of Current Registered Agent Name ENNETH RAY DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 635 EUCLID AVENUE - SUITE 103 IN THIS SPACE City Zip Code MIAMÍ BEACH 33139 8. The above named entity submits this etatement 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 / KENNETH A RAY 3/12/2004 (NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of registered agent and title if applicable. DATE January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. TITLE PRESIDENT, DIRECTOR TITLE NAME KENNETH A RAY NAME STREET ADDRESS 635 EUCLID AVENUE - SUITE 103 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP----CITY-ST-ZIP-TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE 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 hame appears in Block 10 or on an attachment with an address, with all other like empowered.

KENNETH A. RAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2004

Date

305-776-0928

Daytime Phone #