

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

40120000

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # P06000070317</b>   |  |   |   | 07-16-2007 90128 026 ***150.00                                    |  |
| 1. Entity Name<br><b>OKINA, INC.</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>2106 S. CYPRESS BEND DRIVE<br/>407<br/>POMPANO BEACH, FL 33069 US</b>  |  | Mailing Address<br><b>160 CYPRESS CLUB DRIVE<br/>626<br/>POMPANO BEACH, FL 33060 US</b>  |   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |  |
| City & State   |  | City & State   |   |   |  |
| Zip  |  | Country  |   | Zip   |  |
|  |  |  |   |   |  |
| 6. Name and Address of Current Registered Agent<br><b>WEISER, HANNAH<br/>160 CYPRESS CLUB DRIVE<br/>626<br/>POMPANO BEACH, FL 33060</b>  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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: _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 14, 2007</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees<br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P,T<br>WEISER, HANNAH<br>160 CYPRESS CLUB DR., APT 626<br>POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>HORVATH, JANOS<br>2106 S. CYPRESS BEND DR., APT 407<br>POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
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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:    |  | Date: <b>7/11/07</b> Daytime Phone #: <b>754-244-0907</b>  |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |  |   |   |  |