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May 02, 2003 8:00 am
Secretary of State

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| DOCUMENT # P93000038298 1. Entity Name READY FOR MIKA, INC. | | Secretary of State 05-02-2003 90394 037 ***150.00 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 4100 N POWERLINE RD. R-5 POMPANO BCH FL 33073 US | | Mailing Address 4100 N POWERLINE RD. R-5 POMPANO BCH FL 33073 US | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> CHECK HERE IF MAKING CHANGES | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 4. FEI Number 65-0412395 Applied For Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent ESPINOZA, ERNESTO 8864 NW 3RD CT CORAL SPRINGS FL 33071 | | 7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____ <div style="display: flex; justify-content: space-between;"><div style="width: 40%; text-align: center;">FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</div><div style="width: 60%; vertical-align: top;">9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td style="width: 40%;">NAME</td><td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>PSD ESPINOZA, ERNESTO</td><td></td></tr><tr><td>STREET ADDRESS</td><td>8864 NW 3RD CT</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>CORAL SPRINGS FL</td><td></td></tr></table> | | TITLE | NAME | <input type="checkbox"/> Delete | NAME | PSD ESPINOZA, ERNESTO | | STREET ADDRESS | 8864 NW 3RD CT | | CITY-ST-ZIP | CORAL SPRINGS FL | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td style="width: 40%;">NAME</td><td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table> | | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE: | | 4-30-03 954-968-8001 | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | | | | | | | | | | | | | | | | | | | | | | | | | |