FILED

Daytime Phone #

2003 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR

May 05, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P93000059138 DOCUMENT # 1. Entity Name 05-05-2003 90340 034 ***150.00 CANNONTEX INTERNATIONAL, INC. Principal Place of Business Mailing Address 5030 CHAMPION BLVD 21059 SWEETWATER LANE NORTH SUITE D-3 BOCA RATON FL 33428-1027 **BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0435752 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PINZON, CARMEN Street Address (P.O. Box Number is Not Asceptable) 21059 SWEETWATER LANE NORTH **BOCA RATON FL 33428** City Boca Raton 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F Change ☐ Addition TITLE ☐ Delete JUAN ESGUERRA NAME PINZON, CARMEN MAME 21059 Sweetwater LNN 21059 SWEETWATER LANE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-7IP BOCA RATON FL 33428-1027 CITY-ST-ZIP BOCA RATON FL 33420 ■ Addition TITLE ☐ Delete TITLE ST Pinzon CARMEN NAME ESGUERRA, JC NAME 5030 champion Blud Evite D3 STREET ADDRESS STREET ADDRESS 5030 CHAMPIONBLVD, D-3 CiTY+ST-ZIP BOCA RATON FL 33496 CITY-ST-ZIP **Addition** ☐ Delete TITLE ☐ Change TITLE NAME NAME Blud D3 6030 Chaupion STREET ADDRESS STREET ADDRESS LL 33496 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 eport 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 pustee 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 with all other

AME OF SIGNAR OFFICER OR DIRECTOR