2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) Secretary of State P93000059815 **DOCUMENT #** 05-05-2003 91886 021 ***150.00 1. Entity Name HOUSEHOLD EXPRESS, INC. Principal Place of Business Mailing Address 8832 STATE BOAD 84 4914 NW 91 TERRACE DAVIE FL 33324 SUNRISE FL 33351 3. Mailing Address 2. Principal Place of Busines House hold Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES 402050 City & State 4. FEI Number Applied For 65-0429648 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELDERKIN, MICHAEL Street Address (P.O. Box Number is Not Acceptable) **4914 NW 91 TERRACE** SUNRISE FL 33351 Ē 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 ag 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VILE PRESIDENT Vice President TITLE ☐ Delete NAME JOHNSON, JAMES JR. NAME 8832 STATE ROAD 84 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DAVIE FL 33324** CITY-ST-ZIP President The PLESIDERT □ Delete Change TITLE TITLE ☐ Addition NAME ELDERKIN, MIKE NAME STREET ADDRESS 4914 NORTHWEST 91ST TERRACE STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-ZIP Delete Change TITLE ☐ Addition T-F-(GS-4-F-(-NAME JOHNSON, JAMES JR. NAME Chelsed Circle STREET ADDRESS 8832 STATE ROAD 84 STREET ADDRESS 14924 CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33324 V0 91771 mt.A.c~ Delete TITLE TITLE ᄎ Change ☐ Addition elderkin. Mike NAME NAME 14924 Che Bra Circle 4914 NORTHWEST 91ST TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-ZIP Ainy MO 2177 ☐ Delete TITLE Change ☐ Addition NAME JOHNSON, JAMES JR. NAME STREET ADDRESS 18832 State Road 84 STREET ADDRESS CITY-ST-ZiP DAVIE FL 33324 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED