2004 FOR PROFIT CORPORATION

Apr 15, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P94000021935** 1. Entity Name UNION DOJO, INC. Principal Place of Susiness Mailing Address 409 GERONA AVE. 409 GERONA AVE. CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 01132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0480240 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent BUDIHAS, ROBERT E DO NOT WRITE 409 GERONA AVE. CORAL GABLES, FL 33146 IN THIS SPACE 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. ROBERT BUDIHHS Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) U00000113659 04/15/04-80019-006 158.75 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. THEE BUDIHAS, ROBERT E NAME 409 GERONA AVE. STREET ADDRESS CORAL GABLES, FL 33146 CITY - ST - ZIP TITLE NAME STREET ADDRESS CATY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY - ST - ZIP TITLE NAME STREET ADDRESS 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)(8). 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 in the supplemental report is required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in the supplemental report is required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in the supplemental report is required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in the supplemental report is required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in the supplemental report is required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in the supplemental report is required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in the supplemental report is required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in the supplemental report is required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 in the supplemental report is required by Chapter 607, Florida Statutes, I supplemental report is required by Chapter 607, Florida Statutes, I supplemental report is required by Chapter 607, Florida Statutes, I supplemental report is required by Chapter 607, Florida Statutes, I supplemental report is required by Chapter 607, Florida Statutes, I supplemental report is required by Chapter 607, Florida Statutes, I supplemental report is required by Chapter 607, Florida Statutes, I supplemental report is required by Chapte

SIGNATURE:

THEF NAME STREET ADDRESS CITY-ST-ZIP

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