2003 FOR PROFIT CORPORATION

Apr 11, 2003 8:00 am & Secretary of State FILED **UNIFORM BUSINESS REPORT (UBR)** P94000057747 DOCUMENT # 04-11-2003 90100 036 ***150.00 1. Entity Name SOLAR PRINTING SERVICES, INC. Principal Place of Business Mailing Address 18830 NW 47 CT 7923 NW 64 ST MIAMI FL 33166 MIAMI FL 33055 HS 3. Mailing Address 2. Principal Place of Business 5630 Nw 100 5630 NW 100 CF Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0529229 MIAM Not Applicable MIAM Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 331 33 U5 A USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PICARD PRANCISCO PICARD, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 18830 NW 42 CT 5630 NW 100 MIAMI FL 33055 m/Am/ 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/ RANK PICARN SIGNATURE agent and title if applicable 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. TITLE ☐ Delete ☐ Addition PICARD, FRANK PICARD, FRANK NAME NAME 18830 NW 47TH CT 5630 NW 100 CF STREET ADDRESS STREET ADDRESS MIAMI FL 33055 CITY-ST-ZIP CITY-ST-ZIP MIAMI (FL 33178 ☐ Addition TITLE 🛰 . ☐ Delete TITLE Change Change CARBO-PICARO, JOYCE NAME NAME CARBO-PICARD JOYCE STREET ADDRESS 18830 NW 47TH CT STREET ADDRESS 5630 MJ 100 CH MIAMI FL 33055 CITY-ST-UP CITY-ST-ZIP miami EL 33178 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete TIT! F

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.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

OFFRANK PICARD