2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P94000061950 03-16-2005 90045 041 ***150.00 1. Entity Name SOURMINT, INC. Principal Place of Business Mailing Address 1940 HARRISON ST 1940 HARRISON ST STE 300 20021410 STF 300 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 US 2. Principal Place of Business 3. Mailing Address 1930 HARRISON ST 1930 HARRISON ST. Suite, Apt. #, etc. ٠, Suite, Apt. #, etc. 02162005 Chg-P CR2E034 (10/03) £02:-372 576. 503 City & State City & State 4. FEI Number Applied For HOLEYWOOD HOLLYWOOD FL 65-0514009 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3-302-0 Fee Required == 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOSSIN ROBERT 4651 SHERIDAN STREET, SUITE 300 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD, FL 33021 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DPT ☐ Delete TITLE ☐ Addition Change NAME MINTZ, JERRY NAME STREET ADDRESS 1940 HARRISON ST STE 300 STREET ADDRESS 1930 HARRISON ST, STE 300 CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-7iP HOLLY WOOD FL 33020 TITLE ☐ Delete TITLE Change Addition MANTIN-SEGAL, DEBORAH MAME NAME STREET ADORESS 1940 HARRISON ST STE 300 STREET ADDRESS 1930 HARRISON ST., STE. 300 CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP HOLLYWOOD FL 33020 TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP TITLE ☐ Detete TITLE ☐ Change Collibba [7] NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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.

FILED

Mar 16, 2005 8:00 am

5624-675-4202