DOCUMENT # P9400065539 1. Entity Name WHO'S LOOKIN' ?, INC.				FILED Apr 28, 2000 8:00 am Secretary of State 04-28-2000 90059 035 ***158.75	
Principal Place 601 NW 7TH ST MIAMI FL 33136 US	REET	Mailing Address 601 NW 7TH STREET MIAMI FL 33136-3225 US			#1 #1184 #118# (111 # (111 148)
2. Principal Place of Business 2775 W.GJ.ND PL Suite, Apt. #, etc.		3. Mailing Address 2775 W-62-ND PL Buite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State HIALEAH, PL			FL	4. FEI Number 65-0515730	Applied For Not Applicable
330/6	Country USA	^{Zip} 33016	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	Name	7. Name and Address of New Registered A	
PICO, JAY F 2775 W 62ND PLACE SUITE #205 HIALEAH FL 33016				(P.O. Box Number is Not Acceptable)	Zip Code
SIGNATURE -			registered office or registe	ered agent, or both, in the State of Florida.	
9. This corpo Tax filing re	Signature, typed or printed name of registered agent and rration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!	Registered Agent signature requirements of the PEE IS \$150.00 The will be \$550.00 be to Department of St.	10. Election Campaign Financing	\$5.00 May Be Added to Fees
11.	OFFICERS AND DI	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PICO, JAY 2775 W 62 PL, STE 205 HIALEAH FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICO, JAY F 2775 W 62 PLACE, STE #205 HIALEAH FL 33016	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PICO, CLAUDIA A 2775 W 62 PLACE, STE #205 HIALEAH FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change . Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
indicated of the cor	on this report or supplemental report is tri	ue and accurate and that n ered to execute this report	ny signature shali have the as required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further cere same legal effect as if made under oath; that I a 07, Florida Statutes; and that my name appears in	am an officer of director in Block 11 of Block 12 if
SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #					