2003 FOR PROFIT CORPORATION

May 01, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P94000085860 DOCUMENT # 05-01-2003 90131 017 ***150.00 1. Entity Name KAPRIN FITTS, INC. Principal Place of Business Mailing Address 1890 174 STREET 299 174 STREET SUITE 604 SUITE 604 MIAMI FL 33160 MIAMI FL 33160 MOU IN G Principal Place of Business 3. Mailing Address 3922 NE Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 65-0539120 MAMI BEACH, FL Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent - -7. Name and Address of New Registered Agent TAMMY SAM (I APOSTOL, TAMMY A 290 147TH-81 STE 604 ,m/ámi BCH FL 33160 8. The above named entity submits this statement for the purpose of changing its registered office or register d agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, CEPPOR SIGNATURE agent and title if applicable (NOTE: Registe red Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing 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 TITLE Delete ☐ Addition TITLE ☐ Change NAME APOSTOL, TAMMY A NAME 290 147TH ST STE 5-U STREET ADDRESS STREET ADDRESS MIAMI BCH FL 33160 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE · - ' Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change ☐ Addition TITLE

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 acquirate 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 effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

TITLE NAME

EPRESIDENT

Delete

☐ Delete

Change

☐ Change

Addition

Addition