2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2004 8:00 am Secretary of State **DOCUMENT # P95000059300** 05-03-2004 90752 001 ***150 00 SIBLING TEA COMPANY Principal Place of Business Mailing Address 896 N. FEDERAL HWY. 896 N FEDERAL HWY #814 STE 814 POMPANO BEACH, FL 33062 US POMPANO BCH, FL 33062 US 2. Principal Place of Business 3. Mailing Address 2671 E. Comme 2671 E. Commerciu Suite, Apt. #, etc. Suite, Apt. #, etc. 03022004 CR2E034 (10/03) Cha-P 4. FEI Number Applied For 65-0600667 Not Applicable \$8.75 Additional 5. Certificate of Status Desired roword Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERNSTEIN, SHARON M Street Address (P.O. Box Number is Not Acceptable) 900 ST. CHARLES PLACE PEMBROKE PINES, FL 33026 City Zip Code 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. 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 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD Change Change Addition TITLE ☐ Delete TITLE Bernstein, Stewart N. 5250 NE 6th Ave., #E BERNSTEIN, STEWART N NAME NAME 5318 NE 6TH AVE. 21-E STREET ADDRESS STREET ADDRESS Fort Luclerdale, FL 33334 CITY-ST-ZIP FORT LAUDERDALE, FL 33334 CITY-ST-ZIP TITLE Π'nF ☐ Delete ☐ Change ☐ Addition NAME BERNSTEIN, SHARON M. NAME STREET ADDRESS 900 ST, CHARLES PLACE #109 STREET ADDRESS CITY-ST-ZIF PEMBROKE PINES, FL 33026 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7tP TITLE Change ΠΠF ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ππξ ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 life, 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 chaptered or on a statehold with a paddities, with all other like empowered. with an address, with all other like empowered

Thuron M. Bernstein

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED