FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 05, 2001 8:00 am DOCUMENT # P95 660095373 **Secretary of State** 03-05-2001 90335 050 ***150 00 A.K. WOOD CRAFT Mailing Address Same 3550 2320 AVE SOUTH SUETS 6 LAKE WORTH FC 83461 A0027401 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 450303393 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required.--_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANTONIOS LOUKAS Street Address (P.O. Box Number is Not Acceptable) 3550-23RD-AV6 ----SUITEG LAKE WORTH FL 33461 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President TITLE ☐ Delete TITLE ☐ Addition ANTONIOS LOUEAS NAME NAME STREET ADDRESS STREET ADDRESS 1727 KEUSO AVE LAKE WORTH PL 33460 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Treasurcy TITLE TITLE Change Addition NAME NAME *MELTINISLOUKAS* STREET ADDRESS STREET ADDRESS 1727 KELSO AVĒ LAKE WORTH FL 38440 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Vice president ☐ Change ☐ Addition MICHERC LOURAS 1727 KBLBO AUB STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33460 CITY-ST-ZIP CITY-ST-ZIP Secretary CHRESTOS LOURAS TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 1727 KELSO AVE CITY-ST-ZIE CITY-ST-ZIP LAKE WORTH FL 33460 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 eath; that I am an officer or director report in the receiver or indicated on this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with a other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR