2003 FOR PROFIT CORPORATION

FILED May 05, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) Secretary of State P95000097146 DOCUMENT # 1. Entity Name 05-05-2003 91883 036 ***150.00 MENKAR CORPORATION Principal Place of Business Mailing Address 550 SE 13TH STREET 550 SE 13TH STREET 103 103 DANIA BEACH FL 33004 DANIA BEACH FL 33004 2. Principal Place of Business 3. Mailing Address SW 2416 Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0645528 ania Not Applicable 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 HANNA, MARTIN J Street Address (P.O. Box Number is Not Acceptable) 1515 UNIVERSITY DR, #214 **CORAL SPRINGS FL 33071** Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 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 11. TITLE ☐ Addition TITLE ☐ Delete Greenhouse, Donothy L 2416 SW EYTH ST GREENHOUSE, DOROTHY L NAME NAME STREET ADDRESS 550 SE 13TH STREET, #103 STREET ADDRESS DANIA BEACH FL 33004 CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change TITLE TITLE ☐ Addition GREENHOUSE, DAVID W NAME NAME 2416 SW 544 ST STREET ADDRESS 550 SE 13TH STREET, #103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DANIA BEACH FL 33004 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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 attachme

CITY-ST-7IP

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP