2001 UNIFORM BUSINESS REPORT (UBR) Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P95000098070 1. Entity Name THE PELLETIER GROUP, INC. 04-13-2001 90084 042 ***150.00 Mailing Address Principal Place of Business 15271 NW 60TH AVE 1521 NW 60TH AVE SUFFE 101 SUITE 101 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0634883 Not Applicable — Zip→ Country -----Country \$8.75 Additional ~ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SILVERIO, MARK V ESQ. Street Address (P.O. Box Number is Not Acceptable) 44 WEST FLAGLER STREET, SUITE 2450 MIAMI FL 33130 Zip Code City FL for the purgose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this state SIGNATURE (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees _ . 🗆 Make Check Payable to Department of State .(See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change ☐ Delete TITI F TITLE PELLETIER, RAYMOND F SR. NAME 15271 N.W. 60TH AVE., SUITE 106 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33014 CITY-ST-ZIP ☐ Change ☐ Addition DVP TITLE ☐ Delete TITLE PELLETIER, RAYMOND F JR. NAME NAME 15271 N.W. 60TH AVE., SUITE 106 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP <----CITY-ST-ZIP 🐣 MIAMI FL-33014 Change ☐ Addition TITLE ☐ Delete TITLE PELLETIER, KIMBERLY F NAME NAME 15271 N.W. 60TH AVE., SUITE 106 STREET ADDRESS STREET ADDRESS **MIAMI FL 33014** CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TiTi F

NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Date . Daytime Phone #

03/1369

☐ Change

☐ Addition