2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

Apr 10, 2002 8:00 am Secretary of State P96000002946 DOCUMENT # 1. Entity Name 04-10-2002 90782 034 ***150 00 CASTLEROCK EQUITY, INC. Mailing Address Principal Place of Business 13790 N.W. 4TH STREET. SUITE 103 13790 N.W. 4TH STREET, SUITE 103 SUNRISE FL 33325 SUNRISE FL 33325 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0636466 Not Applicable Country Zip 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 KANNAL, ERIC T Street Address (P.O. Box Number is Not Acceptable) 13790 N.W. 4TH STREET, SUITE 103 SUNRISE FL 33325 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11... (9/01) Change Addition TITLE ☐ Defete TITLE NAME KANNAL, ERIC T NAME CR2E034 13790 NW 4TH ST STE 103 STREET ADDRESS STREET ADDRESS **SUNRISE FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME KANNAL, KIMBERLY A NAME 13790 NW 4TH ST #103 STREET ADDRESS STREET ADDRESS SUNRISE-FL= CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-7/P 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this eport 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 accuracy with all other like empowered.

ERIC T. KANNAL