2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P96000012330 DOCUMENT # 05-05-2003 91182 038 ***150.00 1. Entity Name PALM WATER CO., INC. Principal Place of Business Mailing Address 11731 SW 104 COURT 11731 SW 104 COURT MIAMI FL 33176 MIAMI FL 33176 Principal Place of Business SW 104 cr. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0654053 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired JSA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GETELMAN, MICHAEL J P.A. Street Address (P.O. Box Number is Not Acceptable) 10671 N. KENDALL DR. **MIAMI FL 33176** 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 wit the obligations of registered agent. PRESident. 4-30-03 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be) After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PRESIDENT LARRY BARDITCH 100% TITLE TITLE Addition ☐ Delete Barditch, Larry e 100% NAME NAME 8880'SW 129 TERRACE % 8896 S.W. 129TH ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP CITY-ST-ZIP miami, FLORIDA 33176 SECRETURY / TREASURER Delete TITLE Change Addition TITLE maria Barditch NAME NAME 8880 SW 129 Techace STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY~ST-7IP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition 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-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the receiver of the rec

CITY-ST-ZIP

CITY-ST-ZIP

BARDITCH pres.