2001 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P96000079964 1. Entity Name KALOMA, INC. 04-04-2001 90091 025 ***150.00 Principal Place of Business Mailing Address 615 CLEVELAND ST 615 CLEVELAND ST 938557 **CLEARWATER FL 34615 CLEARWATER FL 34615** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #: etc. -Suite-Apt. #, etc.-DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3408778 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 337*SS* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRANDA, ROBERT Street Address (P.O. Box Number is Not Acceptable) 9733 119TH WAY N SEMINOLE FL 33772 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 ×4-2-01 (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П 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 CR2E034 (10/00) ☐ Delete TITLE ☐ Change ☐ Addition TITLE GRANDA, ROBERT NAME NAME : 615 CLEVELAND ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZiP **CLEARWATER FL 33755** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME-STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete TITLE ☐ Change 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-ZIP CITY-ST-ZIP ☐ Detete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME 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 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 all other like empowered.

SIGNATURE: & Rolling Arganac

Roberto Granda + 4-2-01-727-462-5341