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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

May 27, 2003 8:00 am Secretary of State P96000087066 DOCUMENT # 05-27-2003 90166 005 ***150.00 1. Entity Name LOVE IS IN THE AIR, CORP. Principal Place of Business Mailing Address 2284 NW 77 AVE 18520 NW 67 AVE HIALEAH FL 33016 #263 HIALEAH FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0706095 Not Applicable Zip Zip Country 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 LONGA, ALEXANDER Street Address (P.O. Box Number is Not Acceptable) 17400 NW 68TH AVE., STE. 102 HIALEAH FL 33015 City 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 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) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE * TITLE Addition ☐ Detete LONGA, ALEXANDER NAME NAME STREET ADDRESS 17400 NW 68TH AVE., STE. 102 Ų STREET ADDRESS City-\$1-ZIP HIALEAH FL 33015 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME LONGA, LUIS C NAME 17400 NW 68TH AVE., STE. 102 STREET ADDRESS STREET ADDRESS CITY-ST-7IP HIALEAH FL 33015 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE. ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME

12. Thereby 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

STREET ADDRESS

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Daytime Phone #

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