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Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90180 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

11010082

DOCUMENT # P97000009086

1. Entity Name
COMMFLOW CORPORATION

Principal Place of Business	Mailing Address
1000 PONCE DE LEON BLVD SUITE 201B CORAL GABLES, FL 33134 US	1000 PONCE DE LEON BLVD SUITE 201B CORAL GABLES, FL 33134 US

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0723475 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALANDY, ROGER
11560 SW 148 CT
MIAMI, FL 33196

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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] April 17, 2003
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO SALANDY, ROGER 5831 W. HALLANDALE BEACH BLVD. HOLLYWOOD, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO Roger Salandy 11560 SW 148 Court Miami, FL 33196	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SALANDY, ROGER 5831 W. HALLANDALE BEACH BLVD. HOLLYWOOD, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Roger Salandy 11560 SW 148 Court Miami, FL 33196	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PCEO April 17, 2003 3055670444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)