2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

May 01, 2003 8:00 am Secretary of State P97000028681 DOCUMENT # 05-01-2003 90262 014 ***150.00 1. Entity Name EVERYTING IRIE, INC. Principal Place of Business Mailing Address 3328 S. UNIVERSITY DRIVE 3328 S. UNIVERSITY DRIVE MIRAMAR FL 33025 MIRAMAR FL 33025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0750719 Not Applicable Ζiρ Country Country **\$8.75** Additional 5. Certificate of Status Desired ſΠ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIN, VASHTI Street Address (P.O. Box Number is Not Acceptable) 3328 S. UNIVERSITY DRIVE MIRAMAR FL 33025 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) DATE 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. 11. CR2E034 (10/02) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CHIN. VASHTI NAME 3328 S. UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS MIRAMAR FL 33025 CITY-ST-ZIP CITY-ST-ZIP TITLE VPD ☐ Delete TITLE Change Addition NAME CHIN, MELVIN NAME 3328 S. UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS MIRAMAR FL 33025 CITY-ST-ZIP CITY-ST-ZIP SD ☐ Delete TITLE Change ■ Addition TITLE NAME CHIN, PETER NAME STREET ADDRESS 3328 S. UNIVERSITY DRIVE: STREET ADDRESS MIRAMAR FL 33025 CITY-ST ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 on 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.

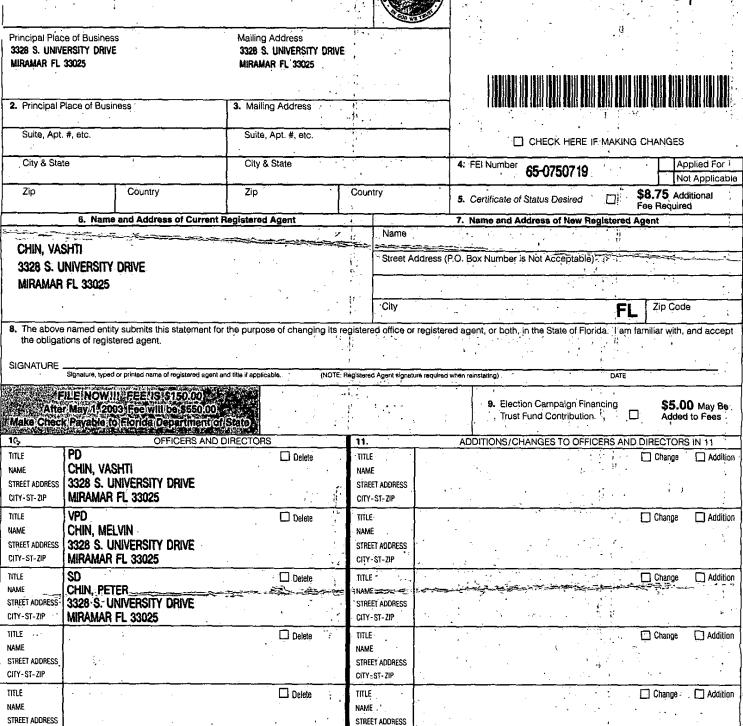
Daytime Phone #

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1. Entity Name EVERYTING IRIE, INC.



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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

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NAME

SIGNATURE REQUIRED

☐ Delete

☐ Change

☐ Addition

CR2F034 (10/02)