FILED

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR Jan 17, 2003 8:00 am Secretary of State P97000031774 DOCUMENT # 1. Entity Name 01-17-2003 90143 011 ***150 00 LOUIS M. BLANCO, P.A. Principal Place of Business Mailing Address 2404 HOLLYWOOD BLVD 2404 HOLLYWOOD BLVD HOLLYWOOD FL 33020 60008440 HOLLYWOOD FL 33020 Principal Place of Business BIVD. BIVD Commercia Dommereia! CHECK HERE IF MAKING CHANGES **wite** 4. FEI Number Applied For uderdale derdale 65-0743657 Not Applicable \$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 lanco, JOUIS BLANCO, LOUIS M Street Address (P.O. Box Number is Not Acceptable) 2404 HOLLYWOOD BLVD HOLLYWOOD FL 33020 Commercial BIVD City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (10/02) Change ☐ Addition BLANCO, LOUIS M. NAME BLANCO, LOUIS M NAME 901 E. Commercial BIVD Suite 100 STREET ADDRESS 2404 HOLLYWOOD BLVD STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP Ft. Lauderdale, FL TITLE ☐ Delete TITLE Change 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 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE □ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 trust 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR