FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 01, 2002 8:00 am Secretary of State **DOCUMENT #** P97000036426 1. Entity Name STRATEX CORP. 05-01-2002 91597 031 ***150.00 Principal Place of Business Mailing Address 8617 MARLAMOOR LANE 8617 MARLAMOOR LANE B0083019 WEST PALM BEACH FL 33412 WEST PALM BEACH FL 33412 US 2. Principal Place of Business 3. Mailing Addres 4521 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0809019 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 DEREK PAWAIA PANAIA, DEREK D Street Address (P.O. Box Number is Not Acceptable) 8617 MARLAMOOR LANE **WEST PALM BEACH FL 33412** 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. DEREK PHANNIN (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) П Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Prek D. Panaia TITLE CR2E034 (9/01) PANAIA, DEREK NAME NAME 8617 MARLAMOOR LANE 10 Wyndham Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33412 Palm Beach fundens, FL CITY-ST-ZIP Delete ☐ 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IB TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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,

SIGNATURE: