FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P970000 45532 1. Entity Name 02 JUN 14 PH 2: 25 ESSHAKI, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 210 S. OLD WOODWAKD ZID S. OLD WOODWARD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 230 230 FÉI Number City & State Applied For 65-075 4639 BIRMING HAM. BIRMING HAM. Not Applicable \$8.75 Additional OSA 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, Fee is \$550.00 Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. TITLE > D ESSHALL JAMES 777 BRICKELL AVE., STE 1070 TITLE NAME 300006164143---07/02/02--01060--015 NAME STREET ADDRESS STREET ADDRESS MIAMIL FL 33/31 CITY-ST-ZIP CITY-ST-ZIP ****400.00 TITLE NAME 300006164143---07/02/02--01060--016 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ****158.75 ****158.75 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 suppliemental 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 accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an analysis of the same legal effect. 13. Thereby certify that the i 06/12/02 248-645-5900 SIGNATURE:

OFFICER OR DIRECTOR

CT GORPORATION

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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615