FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jun 04, 2001 8:00 am DOCUMENT #797000060573 Secretary of State 06-04-2001 90005 015 ***150.00 DEE SHOES ITUC. Principal Place of Business Mailing Address 2174 NW 87 4VE 3VA F8 WN 4F15 C0070886 MIAHI FL 33172 MIAU, FL 33172 US 2. Principal Place of Business 3. Mailing Address 1378 WESTO, J ROAD 1378 WESTON ROAL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number WESTOU FLORIDA Applied For IESTON FLORIDA 65-0766443 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33326 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVID EDENBURG EDENBURG DAVID Street Address (P.O. Box Number is Not Acceptable) 2174 NW 87 AVE MIAMI FL 33172 1378 WESTON ROAD 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. SIGNATURE (NOTE: Re pistered Agent signature required when reinstating) FILE NOWILL EE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. EDENBURG DAVID ☐ Delete Change CR2E034 (11/00 TITLE EDENBURG DAVID 1378 WESTON RD NAME NAME STREET ADDRESS 2174 NW 87 AUE CITY-ST-ZIP MIDMI FL 33172 STREET ADDRESS WESTON FL 33326 CITY-ST-ZIP TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deleta TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TIT! F ☐ Change TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete ☐ Change Addition STREET ADORESS 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

3. 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, with all other like epipowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D RECTOR

Date

Daytime Phone #