2003 FOR PROFIT CORPORATION

FILED May 05, 2003 8:00 am \$ UNIFORM BUSINESS REPORT (UBR Secretary of State P97000103396 DOCUMENT # 05-05-2003 91789 041 ***150.00 1. Entity Name PESCATORE SERVICES, INC. Mailing Address Principal Place of Business C/O FAST-TAX C/O FAST-TAX 113 N FEDERAL HWY 113 N FEDERAL HWY DANIA FL 33004 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address 3//| 360 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-0801581 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ADAMS, GERALD J Street Address (P.O. Box Number is Not Acceptable) 113 NORTH FEDERAL HIGHWAY DANIA FL 33004 Zip Code 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 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. TITLE Delete TITLE ☐ Addition PESCATORE, BRIAN P NAME NAME STREET ADDRESS 5621 BAYVIEW DRIVE STREET ADDRESS FT. LAUDERDALE FL-33308 CITY-ST-7IP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE PESCATORE, BRIAN NAME STREET ADDRES 118 DRAKE-RD STREET ADDRESS BURLINGTON MA-01803 CITY-\$T-ZIP CITY-ST-ZIF DIRECTOR TITLE TITLE

☐ Addition ☐ Delete ADAMS: GERALD NAME NAME STREET ADDRES 113 N FEDERAL HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DANIA-FL-93094--Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with M is 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 peport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or truetee 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OR PRINTED NAME OF

Daytime Phone #