FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90307 007 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108990

1. Entity Name
HIGH GRADE, INC.

Principal Place of Business	Mailing Address
9214 FLYNN CIRCLE #4 BOCA RATON, FL 33496	9214 FLYNN CIRCLE #4 BOCA RATON, FL 33496

2. Principal Place of Business	3. Mailing Address
775 NW 72 TERR	775 NW 72 TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARGATE FL	City & State: MARGATE, FL
Zip: 33063 / Country: USA	Zip: 33063 / Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0807768 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, HOWARD
9214 FLYNNN CIRCLE
#4
BOCA RATON, FL 33496

7. Name and Address of New Registered Agent

Name: HOWARD GOLDBERG
Street Address (P.O. Box Number Is Not Acceptable): 775 NW 72 Terr.
City: MARGATE FL Zip Code: 33063

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 BY MAY 1, 2003. FEE IS $150.00. AFTER MAY 1, 2003 FEE WILL BE $550.00. Make Check Payable to Florida Department of State.

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD GOLDBERG, HOWARD 9214 FLYNN CIRCLE #4 BOCA RATON, FL 33496	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. HOWARD GOLDBERG 775 NW 72 Ter MARGATE, FL 33063	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOLDBERG, ISABEL 9214 FLYNN CIRCLE #4 BOCA RATON, FL 33496	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-28-03 954-933-9755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #