FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2003 8:00 am Secretary of State P9800000150 **DOCUMENT #** 04-18-2003 90457 044 ***158.75 1. Entity Name DAFNA TRUST & HOLDINGS, INC. Principal Place of Business Mailing Address 17031 BOCA CLUB BLVD 17031 BOCA CLUB BLVD 81 B 81 B **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0802531 Not Applicable Zip Zip Country Country \$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 Name GRUNBERG, FEBUS Street Address (P.O. Box Number is Not Acceptable) 17031 BOCA CLUB BLVD 81 B **BOCA RATON FL 33487** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office en registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition GRUNBERG, FEBUS NASAF NAME 17031 BOCA CLUB BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition TITLE NAME GRUNBERG, NENETTE NAME STREET ADDRESS 17031 BOCA CLUB BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Addition TITLE ☐ Delete TITI F ☐ Change NAME GRUNBERG, JEFFREY J NAME STREET ADDRESS 17031 BOCA CLUB BLVD STREET ADDRESS CITY-ST-ZIE **BOCA RATON FL 33487** CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TITLE ☐ Change 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-7IP 12. I hereby certify that the information supplied with this fifing 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: