2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9800000733 May 26, 2000 8:00 am Secretary of State WIN WIN WIN FINANCIAL SERVICES, INC. 05-26-2000 90102 034 ***150.00 Principal Place of Business Mailing Address 9000 SHERIDAN ST 9000 SHERIDAN ST PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024-8801 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0796230 Not Applicable Country Zip Country Zip **\$8.75** Additional 5. Certificate of Status Desired Fee Required 2 - 7 - - - - - - - - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ST. AUBYN HANSON, ERROL CONROY Street Address (P.O. Box Number is Not Acceptable) 3076 OLD STILL LANE WESTON FL 33331-3029 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME ST. AUBYN HANSON, ERROL CONROY NAME STREET ADDRESS 3076 OLD STILL LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33331-3029 ☐ Delete TITLE Change ☐ Addition NAME ELIZABETH HANSON, MARLENE NAME STREET ADDRESS STREET ADDRESS 3076 OLD STILL LANE CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33331-3029 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TIT: F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 empowered.

SIGNATURE

HANGON 5/1/21000

954-1438-8890