FILED

2003 FOR PROFIT CORPORATION

Aug 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P98000013902 DOCUMENT # 08-21-2003 90108 011 ***150.00 1. Entity Name DFO DESIGNS, INC. Principal Place of Business Mailing Address 5105 SW 82ND ST 5105 SW B2ND ST MIAMI FL 33143 MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0810608 Not Applicable 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 GAMBLE, REGITZE Street Address (P.O. Box Number is Not Acceptable) 5105 SW 82ND STREET CORAL GABLES FL 33133 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 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. 11. TITLE ☐ Delete TITLE ☐ Addition GAMBLE, REGITZE NAME NAME 5105 SW 82ND STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33143 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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-ZIP Delete Change TITLE TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

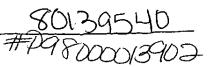
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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 of the corporation or the receive changed, or on an attachment

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP





TELEPHONE (305) 661-1802 FAX (305) 661-7056



5105 S.W. 82ND ST. MIAMI, FLORIDA 33143

August 18, 2003

DIVISION OF CURPORATIONS UNIFORM BUSINESS REPORT FILINGS P. 0. BOX 1500 TALLAHASSEE, FL 32302-1500

Gentlemen:

Please be advised that I did not receive a prior notice for my corporation "DFO DESIGNS, INC" and I am therefore requesting that the late fee be waived.

My check is enclosed in the amount of \$150.00 for the amount of the filing fee.

Thank you very much for your consideration.

Sincenely,

Regitze Gamble President and

Registered Agent