FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 29, 2002 8:00 am Secretary of State P98000034109 DOCUMENT # 1. Entity Name 04-29-2002 90117 043 ***150.00 GANSO AZUL, INC. Principal Place of Business Mailing Address 3460 FAIRLANE FARMS ROAD STE 13 3460 FAIRLANE FARMS ROAD STE 13 WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 3*315* erson Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0830755 Not Applicable \$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 ROSEN, PAUL 3460 FAIRLANE FARMS RD. SUITE 13 **WELLINGTON FL 33414** 8. The above named e ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE red agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME ROSEN. PAUL NAME 11576 Picrson Rd-Ste-K-8 Wellington, F1 33414 3460 FAIRLANE FARMS ROAD STE 13 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WELLINGTON FL 33414 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition 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-ZIP ☐ Delete TITLE Change ☐ Addition 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-ZIP 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

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED

CR2E034 (9/01)