FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 28, 2002 8:00 am Secretary of State P98000044492 DOCUMENT # 1. Entity Name GREENFROG & ASSOCIATES, INC. 05-28-2002 91527 008 ***550.00 Principal Place of Business Mailing Address 9300 S DADELAND BLVD 9300 S DADELAND BLVD #407 #407 MIAMI FL 33156 MIAMI FL 33156 3. Mailing Address 2. Principal Place of Business 9200 S. DADELAND BLVD 9200 S. DADELAND BLVD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 218 #218 City & State City & State 4. FEI Number Applied For 65-0838691 FL MiAmi Miami Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired USA 3156 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLDSTEIN, DANIEL A ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 241 SEVILLA AVENUE, SUITE 805 CORAL GABLES FL 33134 -----Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01)Change TITI F □ Delete TITLE SOUZA-FILHO, MAURO NAME NAME 9200 S. DADELAND BLVD. STE 218 CR2E034 9300 S. DADELAND BLVD. STE 407 STREET ADDRESS STREET ADDRESS MIAMI FL 33156 CITY-ST-7IP M:AMI FL 33156 CITY-ST-7IP 1 Change VPTD Delete TITLE TITLE FILHO, LILIANE RIQUE NAME NAME 9200 S. OMDELAND BLUD. STE ZIB 9300 S. DADELAND BLVD. STE 407 STREET ADDRESS STREET ADDRESS **MIAMI FL 33156** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

5.3.02

(303)6701370

Daytime Phone