FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90085 014 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046070

1. Entity Name
DEEPAK PRODUCTS, INC.

Principal Place of Business	Mailing Address
9365 SOUTHWEST 92ND STREET MIAMI, FL 33176	9365 SOUTHWEST 92ND STREET MIAMI, FL 33176

2. Principal Place of Business	3. Mailing Address
5535 N.W 74 AVE.	5535 N.W 74 AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33166 Country: DADE	Zip: 33166 Country: DADE

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0855126 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARLES, RICHARD A
9365 SOUTHWEST 92ND STREET
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name: RICARDO A. CARLES
Street Address (P.O. Box Number is Not Acceptable): 7498 S.W 122 STREET
City: MIAMI FL Zip Code: 33156

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: Ricardo Carles
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CARLES, RICARDO A 9365 SOUTHWEST 92ND STREET MIAMI, FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDM CARLES, MARIA J 9365 SOUTHWEST 92ND STREET MIAMI, FL 33176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 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: [signature] SECRETARY 04/01/03 (305)888-6410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #