FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048972

1. Entity Name
Cookie, INC.

FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90170 002 ***150.00

DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business		3. Mailing Address		11009599	11009599	
Suite, Apt. #, etc. 7478 NW2/55 Coups		Suite Apt. #, esc. 21 St Conpro			DO NOT WRITE IN THIS SPACE	
Penne	more Pines. Pl	Pembroke	Pives, Pl	4. FEI Number 40585	Applied For Not Applicable	
3802	4 BROWARD	3,9024	PANOWAPU	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
				7. Name and Address of Current Re	gistered Agent	
Name⊂			Name	NNA BOUBUSHTERUN		
DO NOT WRITE			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE				NW 2150 CONPUT	NW 2/51 COMATO	
			City Do	DAMER PINES	FL Zacob タル	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept						
the obligations of registered agent.						
SIGNATURE Suprature, typed or printed name of registered agent and little of applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE						
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State				Election Campaign Finance Trust Fund Contribution.	sing \$5.00 May Be Added to Fees	
10.	OFFICERS AND I	13.72.50/a8c.70.5		1		
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NAME	TANA BURSHIEUN	· 05	NAME		to the second of	
STREET ADDRESS CITY-ST-ZIP	7478 NW 212 WUU	PL 38024	STREET ADDRESS			
TITLE	LEMBRUPE LIVES	TAN ODOVON I	TITLE			
NAME	ALEXANDER BURS	5HTBYN	NAME			
STREET ADDRESS	71/28 NO 2/51 Col	1AT6	STREET ADDRESS			
CITY-ST-ZIP	PEMBROPE PINES	F2 33024	CITY-ST-ZIP			
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NAME			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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: AULOU ROLL ON THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305)93/-066 Daytime Prone #

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