2004 FOR PROFIT CORPORATION

FILED Feb 19, 2004 8:00 am Secretary of State

ANNOAL NEI ON I					Secretary of State					
DOCUMENT # P98000054130 1. Entity Name ERIK PENSER INCORPORATED					02-19-2004 90030 007 ***150.00					
Principal Place of Business Mailing Address										
•		P 0 BOX 561806								
14190 SW 77 AVE MIAMI, FL 33158		MIAMI, FL 33256				•				
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Principal Place of Business 3. Mailing Address										
16843 sw 79th Pl		Walling Address			O (OIO) IOKII BOUN ORKII OR	HILI BUKUI BIIII ULBUI IIAI	1 LU	 		
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
Suite, P.p.t. #, etc.				01222004	Chg-P	CR2E034 (1	0/03)			
City & State		City & State			4. FEI Numb	er		Ар	plied For	
Miami, Fl					65-085	2832		No	t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		75 Add		
33157		<u> </u>	. ,				Fee F	Required	<u>i</u>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
*CADEDS M-FADAH				Name						
CARLDS M. FARAH 999 PONCE DE LEON BLVD. STE. 625				Street Address (P.O. Box Number is Not Acceptable)						
CORAL GABLES, FL 33134										
			City				FL Z	ip Code	•	
						de la Nea Distant				
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.										
g										
SIGNATURE										
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 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
After Ma	y 1, 2004 Fee will be \$550.0	in traser and continu	odion.	. Aug	60 10 1 663					
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRE	CTORS	S IN 11	
TITLE	D g	☐ Delete	TITLE	1				Change	Addition	
NAME	PENSER, ERIK		NAME							
STREET ADDRESS				İ						
CITY-ST-ZIP				<u> </u>						
TITLE	D	☐ Delete	TITLE					Change	☐ Addition	
NAME	GOTTLIEB, FREDRIK		NAME							
STREET ADDRESS . CITY-ST-ZIP	STRANDVAGEN 61		STREET ADDRESS CITY-ST-ZIP							
	11523 STOCKHOLM, SWEDEN,			\leftarrow						
TITLE	D HALLEBO, ULF	☐ Delete	TITLE	17477		-	ΙΧΊι	Change	Addition	
NAME STREET ADDRESS	14190 SW 77 AVE		NAME STREET ADDRESS	HALL	EBO, ULF	th_Pl-				
CITY-ST-ZIP	MIAMI, FL 33158	• •	CITY-ST-ZIP	Mion	$3.5W_{-}/9$	En-PJ:				
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	ertify that the information supplied with	THIS HIND DOES DOLOHARD FOR !	DE EXECUDIOS ST.	men in Se	caan 1 (9.073)	uu Emana Sianiias	THRIDEL CELLIN ID	ar ide ir	mormanon	

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:

ULF HALLEBO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR