2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 05, 2003 8:00 am Secretary of State P98000056671 DOCUMENT # 1. Entity Name 05-05-2003 91876 019 ***150.00 INTER-OFFICE SOLUTIONS CORPORATION Principal Place of Business Mailing Address LUIVEUUA 5757 BLUE LAGOON DR 5757 BLUE LAGOON DR ST 130 ST 130 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 58-2397460 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WAYNE BARCLAY, WAYNE 12436 SW 147 TERRACE MIAMI FL 33186 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) TITLE Delete TITLE BARCLAY, ADOLPH NAME NAME STREET ADDRESS 12733 SW 114 CT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAMÉ BARCLAY, DEAN NAME STREET ADDRESS STREET ADDRESS 12436 SW 147 TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 President-Delete 'TITLE TITLE Addition *Change BARCLAY, WAYNE NAME NAME BARCLAY, WAYNE 14531 SW 76th Street STREET ADDRESS STREET ADDRESS 12436 SW 147 TERRACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** MIAMI TITI F ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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.

FILED