2003 FOR PROFIT CORPORATION

FILED Mar 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P98000058593 DOCUMENT # 1. Entity Name 03-28-2003 90075 017 ***158.75 GANGAMA ENTERPRISES, INC. Principal Place of Business Mailing Address 5605 NW 27TH COURT 5605 NW 27TH COURT LAUDERHILL FL 33313 LAUDERHILL FL 33313 2. Principal Place of Business 3. Mailing Address 5605 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 65-1018549 Not Applicable Zip Country Count \$8.75 Additional 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAMRUP, HANSRAM Street Address (P.O. Box Number is Not Acceptable) 2834 NW 55 AVE LAUDERHILL FL 33313 Zip Code City 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 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 After May 1, 2003 Fee will be \$550.00 . Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE TITLE Delete NAME NAME . RAMRUP, HANSRAM JR STREET ADDRESS STREET ADDRESS 2950 NW 55 AVE 1A CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33313 ☐ Addition TITLE ☐ Delete TITLE Change NAME RAMRUP, HANSRAM SR NAME STREET ADDRESS STREET ADDRESS 2834 NW 55 AVE 1BA CITY-ST-ZIP CITY-ST-ZIP-LAUDERHILL FL-33313 TITLE Delete TITLE ☐ Change ☐ Addition NAME RAMRUP, RAMCHAND NAME STREET ADDRESS STREET ADDRESS 2834 NW 55 AVE, 1B CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33313 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 truspe 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 attachmer,

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

Delete

☐ Change

☐ Addition