2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P98000067877 DOCUMENT # 05-05-2003 90170 009 ***150.00 1. Entity Name RUYA, INC. Principal Place of Business Mailing Address 6252 COMMERCIAL WAY 6252 COMMERCIAL WAY PMR - 109 PMB - 109 WEEKI WACHEE FL 34613 WEEKI WACHEE FL 34613 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-3526121 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired _______ Fee Required* 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GENCER, ISMAIL Street Address (P.O. Box Number is Not Acceptable) 3205 E PIERCE ST **INVERNESS FL 34453** 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Addition TITLE TITLE ☐ Change GENCER, HAYAT NAME NAME STREET ADDRESS SEN SOKAK NO 12D-9 SADI BEY AP STREET ADDRESS **GOZTEPE, ISTANBUL TURKEY 81060** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME GENCER, ISMAIL STREET ADDRESS SEN SOKAK NO 12D-9 SADI BEY AP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GOZTEPE, ISTANBUL TURKEY_81060 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

☐ Delete

☐ Delete

☐ Change

☐ Change

Addition

☐ Addition