2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 09, 2003 8:00 am § Secretary of State P98000074413 DOCUMENT # 05-09-2003 90147 009 ***155.00 1. Entity Name BOOCOO DESIGNS, INC. Principal Place of Business Mailing Address 4289 DIAMOND DRIVE 4289 DIAMOND DRIVE WESTON FL 33331 WESTON FL 33331 3. Mailing Address 2. Principal Place of Business SAND STR. 52ND STR 10875 NW 10875 NW Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES Suite SUITE 4. FEI Number Applied For City & State City & State 65-0859915 PL SUNRISE SUNR Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee.Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEMOUX , curtis MACDONALD, SEAN Street Address (P.O. Box Number is Not Acceptable) 4289 DIAMOND DRIVE WESTON FL 33331 5W 30 DAVIE 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. the obligations of registered ag registered agent and title if applicable (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. DM9 TITLE TITLE ☐ Addition Delete MACDONALD, SEAN MACDONALD, SEAN NAME NAME 4289 DIAMOND DRIVE 1289 DIAMOND DRIVE STREET ADDRESS STREET ADDRESS WESTON FL 33331 CITY-ST-ZIP WESTON, FL 3331 CITY-ST-ZIP OV TITLE TITLE ☐ Delete Change **Addition** DENOUX , CURTIS S 8311 SW 39 CT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAULE_FL 33328 Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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.