2003 FOR PROFIT CORPORATION

May 14, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR**) P98000084307 DOCUMENT # 05-14-2003 90138 002 ***150.00 1. Entity Name OZ DEVELOPMENT, INC. Principal Place of Business Mailing Address 1991 NW 29 STREET 1991 NW 29 STREET OAKLAND PARK FL 33311 OAKLAND PARK FL 33311 2. Principal Place of Business 3. Mailing Address NW 29 HL ()+. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0866248 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box U.SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Ohe RETFORD, STEPHEN J Street Address (P.O. Box Number is Not Acceptable) 1991 NW 29 STREET **OAKLAND PARK FL 33311** 33311 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) 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. TITLE Delete TITLE ☐ Change Addition NAME RETFORD. STEPHEN J NAME STREET ADDRESS 1985 SE 16TH CT STREET ADORESS CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME

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 distance 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

STREET ADDRESS

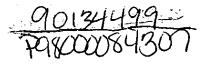
CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

OUHOCHMONT



OZ DEVELOPMENT A PROJECT MANAGEMENT GROUP

May 12, 2003

Divisions of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, Florida 32302-1500

Dear Division of Corporations,

Find enclosed payment to the Florida Department of State for our 2003 Profit Corporation Uniform Business Report (UBR). The check amount reflects one hundred and fifty dollars.

Please accept this letter as a formal request to waive the four hundred dollar penalty. In my new capacity as Accountant with Oz Developmenet, I was not aware that these documents needed to be filed with the state. To my knowledge this is the first delinquent incidence with Oz Development, and I ask that the fee be waived for this one time occurrence.

Thank you for your kind attention to this matter. I will be certain to address these documents in a more timely fashion in the future.

Kind Regards,

Sandra Retford

On behalf of Oz Development