2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2002 8:00 am g Secretary of State DOCUMENT # P98000098528 1. Entity Name 05-19-2002 90030 024 ***150.00 KEY MACHINES CORP. Principal Place of Business Mailing Address 713 S. KIMRON RD. 713 S. KIMRON RD. ORLANDO FL 32811 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address KIRKMAN B 713 S.KIKKMAN RD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For bz ORLANDO ひんしんひつつ 59-3536212 Not Applicable 3 2 8 11 Country Zip Country \$8.75 Additional 32811 5. Certificate of Status Desired ORANG C ORSN4 E Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name JAW, EL **GUILLOW, DONICE** 713 S. KIMRMON RD. ORLANDO FL 32811 City ORLAN, JO 8. The above named entity summits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 4/25/02 SIGNATURE _ 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ,11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VITLE ☐ Delete TITLE Change ☐ Addition NAME NAME BERTIN, HERNAN 713 S. KIKKMAN RD. STREET ADDRESS STREET ADDRESS 713 S. KIMRMON RD. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 TITLE ☐ Delete TITLE ☐ Addition GUILLAN, DANIEL 713 S. KINKMAN NAME NAME **GUILLOW, DONICE** STREET ADDRESS STREET ADDRESS 713 S. KIMRRON RD. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32811 z 🗀 : Delete : TITLE ____Change___ _____Addition____ 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 TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITI F ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

A. GUILLAN