FILED Jun 04, 2002 8:00 am Secretary of State

2002 UNIFORM BUSINESS REPORT (UI

P98000101304 DOCUMENT # 1. Entity Name 06-04-2002 90221 042 ***150.00 BRETAGNIA, INC. Principal Place of Business Mailing Address 8390 NW 52ND ST. 8075 SW 107TH AVE #109 STE 313 MIAMI FL 33173-4884 MIAM) FL 33168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0920501 Not Applicable Zip ~Country Zio 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 ABAD, WLADIMIR Street Address (P.O. Box Number is Not Acceptable) 8075 SW 107TH AVE #109 MIAMI FL 33173-4884 City Zip Code 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. SIGNATURE. Signature, typed or pristed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOWING FIRE IS NOW AND ADDRESS. 9. This corporation is eligible to satisfy its intangible 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) a beat solden solden 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete (9/01) Change TITLE Addition FAQUEN, JEAN P NAME STREET ADDRESS 9801 COLLINS AVE #16H STREET ADDRESS CITY-ST-ZIP BAL HARBOUR FL 33154 CITY-ST. 7IP Detete ITRE TITLE Change ☐ Addition NAME FAOUEN, JEAN M NAME STREET ADDRESS 9801 COLLINS AVE #16H STREET ADDRESS CITY-ST-ZIP BAL HARBOUR FL 33154 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME abad, Wladimir NAME STREET ADDRESS STREET ADDRESS 8045 \$W 104AVE #109 CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33173 TITLE ☐ Delate TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIRE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 truetee empowered to elecute 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 all address with all officer, liketempowered.

me e

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

Change Addition