2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 08:00 AM DOCUMENT # **P98000101507** 1. Entity Name **Secretary of State** CAMDEN-GREY ESSENTIAL OILS, INC. Principal Place of Business Mailing Address 8231 SW 34 TERRACE 8231 SW 34 TERRACE MIAMI FL MIAMI FL33155 33155 2. Principal Place of Business 3. Mailing Address 7178-A SW 47 ST. 7178-A SW 47 ST. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIAMI MIAMI 65-0880178 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33155 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARCIA VIVIAN GARCIA VIVIAN 8231 SW 34 TERRACE Street Address (P.O. Box Number is Not Acceptable) 7178-A SW 47 ST. MIAMI FL33155 City Zip Code MIAMI 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. 04/30/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition X Change MAME GARCIA VIVIAN NAME GARCIA VIVIAN STREET ADDRESS 8567 CORAL WAY PMB #178 STREET ADDRESS 7178-A SW 47 ST. CITY-ST-ZIP MIAMI FL 33155 CITY-ST-ZIP MIAMI ☐ Delete TITLE ☐ Change 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 ☐ Delete Сhапде TITLE 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 ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Vivian V. Garcia SIGNATURE: _ 04/30/2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)