2003 FOR PROFIT CORPORATION

Mar 31, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR Secretary of State** P99000003127 DOCUMENT # 03-31-2003 90222 037 ***150.00 1. Entity Name REK FASHIONS, INC. Principal Place of Business Mailing Address 5030 DOWN POINT LANE 5030 DOWN POINT LANE WINDERMERE FL 34786 WINDERMERE FL 34786 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3575922 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TATICH, PHILIP Street Address (P.O. Box Number is Not Acceptable) 341 N MAITLAND AVE, SUITE 340 MAITLAND FL 32751 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. 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) DATE 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 11. Addition TITLE 5. ☐ Defete TITLE ☐ Change NAME KRISTINA, KAZA NAME **5030 DOWN POINT LANE** STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP WINDERMERE FL 34786 CITY-ST-ZIP TITLE DVS ☐ Delete TITLE Change ■ Addition NAME ERIKS, KAZA NAME STREET ADDRESS STREET ADDRESS 5030 DOWN POINT LANE City-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change

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 add

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

☐ Delete

☐ Change

FILED

☐ Addition