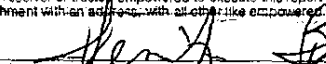


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90948 025 ***150.00

80080809

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000037307																										
1. Entity Name PERSONNE, INC.																										
Principal Place of Business 371 NW 101 TERRACE CORAL SPRINGS, FL		Mailing Address 371 NW 101 TERRACE CORAL SPRINGS, FL																								
2. Principal Place of Business 8742 NW 5 PL Suite, Apt. #, etc.	3. Mailing Address 8742 NW 5 PL Suite, Apt. #, etc.	☒ CHECK HERE IF MAKING CHANGES																								
City & State Coral Springs FL	City & State Coral Springs FL																									
Zip 33071	Zip 33071																									
Country Broward	Country Broward																									
4. FEI Number 65-0913219		Applied For ☐ Not Applicable																								
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent BERKE, JENNIFER 8742 NW 5 PLACE CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 submitting) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State																										
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																										
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th><th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th></tr></thead><tbody><tr><td style="width: 50%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width: 50%; padding: 2px;">PSTD BERKE, JENNIFER 8742 NW 5 PL CORAL SPRINGS, FL 33071 ☐ Delete</td><td style="width: 50%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width: 50%; padding: 2px;">☐ Change ☐ Addition</td></tr><tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr><tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr><tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr><tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Delete</td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr></tbody></table>			10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BERKE, JENNIFER 8742 NW 5 PL CORAL SPRINGS, FL 33071 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 address, with all other like empowered.																										
SIGNATURE:  4-10-03 934-384-6627 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																										

CH2E034 (1/0/02)