SIGNATURE:

## FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 23, 2001 8:00 am DOCUMENT # \$ 99 0000 400 32 **Secretary of State** HEALTH & FOOD SAFETY SERVICES CORPORATION 05-23-2001 90209 001 \*1,587.50 Principal Place of Business Mailing Address 7570 S. FEDERAL HIGHWAY P.O.BOX 850 H4POLUXO, FL 33462 4786 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0 Not Applicable Country 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 THEODORE CHRISTIAN Street Address (P.O. Box Number is Not Acceptable) 7570 S. FEDERAL NIGHWAY 144POLUXU, FL 33462 Zio Code City FL 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 (NOTE: Registered Agent signature required when reinstaking) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Celete TITLE Addition NAME THEOGORE 6. CHRISTIAN HAME STREET ADDRESS 7570 S. FEDERAL NIGAWAY 413 STREET ADDRESS City-St-ZiP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-3IP CITY-ST-ZIP DILE Delete Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZF SITY-ST-78 TITLE Defers TIME Change Addition YAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-24P CITY-SI-ZIP सन्ह ☐ Change Addition Delete NAME STREET ADDRESS STREET ADORESS CITY-ST-ZP 13. Thereby 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the contomation 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 accuracy, with all other life empowered. 4-30-01