2003 FOR PROFIT CORPORATION

FILED Jan 29, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P99000050141 DOCUMENT # 01-29-2003 90317 025 ***150.00 1. Entity Name KAREN RITTER, INC. Principal Place of Business Mailing Address 4976 NW 110TH TERRACE 4976 NW 110TH TERRACE CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076 2. Principal Place of Business 3. Mailing Address Place Diaco 12573 NW 12573 Suite, Apt. #, etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Park Tand 4. FEI Number Applied For FI 65-0592317 Not Applicable Country Country \$8.75. Additional -5. Certificate of Status Desired ----6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RITTER, GREGORY J ESQ. 7000 WEST PALMETTO PARK RD ra me SUITE 400 305 **BOCA RATON FL 33433** 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 ag on 22,03SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete PSTD TITLE TITLE ☐ Addition NAME NAME RITTER, KAREN Place 74 STREET ADDRESS STREET ADDRESS 4976 NW 110TH TERRACE 33076 **CORAL SPRINGS FL 33076** CITY-ST-7IP klana CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. Thereby 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 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

SIGNATURE:

CR2E034 (10/02)