Zip Country Zip Country s. Certificate of Status Beaired S8,75 Additional Pas Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VARD, CRAIG B 05 E. ROBINSON ST., STE. 501 Name Name Name 9. Exception Status Desired Street Address (P.O. Box Number is Not Acceptable) FL Zip Code 0. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and acception of registered agent, or both, in the State of Florida. Tam familiar with, and acception of orgistered agent, or both, in the State of Florida. Tam familiar with, and acception of orgistered agent and life favorable Note Registered agent, or both, in the State of Florida. Tam familiar with, and acception of orgistered agent and life favorable GNATURE				ATEM				
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Zip Country Zip Country S. 259357732 Not Applica 2/p Country S. Centificate of Status Desired S8.75 Additional Pase Required 4 Charter 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VARD, CRAIG B 05 E. ROBINSON ST., STE. 501 RILANDO, FL 32801 Name Street Address (P.O. Box Number is Not Acceptable) The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam tamiliar with, and acce the obligators of registered agent. City FL Zip Code The above named entity submits his statement for the purpose of changing its registered office or registered agent. ONT Enter Address 10 Florida. Tam tamiliar with, and acce the obligators or registered agent. GNATURE Section Comparing Financing Tue Fund Contribution. \$55.00 May Be Addgd to Flores ONT Street Address in D DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. LANE, ROBERT ONE Int L Make Change Addit Next Address Notif Address OPFICERS AND DIRECTORS Int L Make Change Addit Address Notif Address OPFICERS AND DIRECTORS Int L Make Change Addit Address Notif Address OPFICERS AND DIRECTORS Int L Make Change Addit	Suite, Apt. #, etc.	: :	Suite, Apt. #, etc.		. 05082004	Chg-P	CR2E034 (10/03)	
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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 changed, or on an attachment with an address, with all other like empowered. IGNATURE:	the obligations of regis GNATURE	d or printed name of registered age II FEE IS \$550.00 ptember 8, 2004 OFFICERS AN OBERT X 716	nt and itile it applicable. (N	Its registered office or regi NOTE: Registered Agent signature registered	S5.00 May Be Added to Fees ADDITIONS/C	HANGES TO OFF	Orida. I am familiar with, DATE ICERS AND DIRECTOR Change ITS	S IN 11 Addition SO. OO Addition Addition

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Page 1

Document Number P99000059285 Business Entity Name THE KATROB CORPORATION

FEI Number

593597732

FEI Number Status	0	Appl	ied For	0	Not Applicable	ً⊙	Current
Cartificate of Status Desired	\sim		C N				

Certificate of Status Desired O Yes • No

Principal Place of Business

Address	3160 E LIVINGSTON ST
Suite, Apt. #, etc.	
City, State	ORLANDO
Zip Code & Country	32803
	Mailing Address
Address	P.O. BOX 716
Suite, Apt. #, etc.	
City, State	OCOEE , FL
Zip Code & Country	34761
Name A	nd Address of Registered Agent
Name (Last, First, Middle, Title	e) WARD , CRAIG , B ,
-or- RA Business Name	· · · · · · · · · · · · · · · · · · ·
Address	105 E. ROBINSON ST., STE. 501
Suite, Apt. #, etc.	
, City, State	ORLANDO
Zip Code & Country	32801 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Division of Corporations

Division of Corporations

Annual Report

Page 2

Document Number **P99000059285** Business Entity Name **THE KATROB CORPORATION**

Officer/Director Name And Address

•			L L	
Title	D			
Name (Last, First, Middle, Title)	LANE	ROBERT		
-or- Entity Name		······································		
Street Address	P.O. BOX 716	······		
City, State	OCOEE], FI		
Zip Code & Country	34761			
Title				
Name (Last, First, Middle, Title)		,		
-or- Entity Name			· · · · · · · · · · · · · · · · · · ·	
Street Address				
City, State		,		
Zip Code & Country				
Title				
Name (Last, First, Middle, Title)		,		
-or- Entity Name				
Street Address			;	
City, State		,		
Zip Code & Country				
Title				
Name (Last, First, Middle, Title)],		
-or- Entity Name				
Street Address				
City, State				

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Division of Corporations

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Page 2 of 2	
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Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	9
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	,
Zip Code & Country	

O List more than six Officers/Directors @ No additional Officers/Directors to list

	ned above must type their n Signature' block below. A c	
allowed in this bl	ock.	
Title	CEO	
Officer/Director	Signature Robert Lane	_ loose 1/ana
	Continue	
•	Start Over	
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