2000 UNIFORM BUSINESS REPORT (UBR) 5/ DOCUMENT # P9900064390 Aug 03, 2000 8:00 am Secretary of State ANEA INC. 05-26-2000 90099 015 ***150.00 Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PO BOX 1026 PU BUX 1026 4. FEI Number Applied For City & State City & State 59-3587963 TNOIAN ROCKS BEACH, FL TNDIAN ROCKS BEACH, FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GERALDO Street Address (P.O. Box Number is Not Acceptable) 12816 139th City LARGO 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) KATHRYN KILLEBREW 12810 139 T ST N. Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS LARCO, FL 33774 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE CERALDO VALOES JANCHEZ NAME NAME 12516 139th ST. N. STREET ADDRESS STREET ADDRESS ARCO, FL 3377C CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete UNE

13. 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 11 or Block 12 if changed or on an attachment

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TERALDO

727-545-9009