FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 28, 2002 8:00 am Secretary of State DOCUMENT # ... P99000065382 05-28-2002 91648 015 ***150.00 LUCY AGNES, INC. Mailing Address Principal Place of Business 777 NORTHWEST 72ND AVENUE 777 NORTHWEST 72ND AVENUE 2 PLAZA 9 2 PLAZA 9 MIAMI FL 93128 MIAMI FL 33128 2. Principal Place of Business 3. Mailing Address 5738 Sunset 5738 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4.ºFEI Number City & State City & State 65-0934051 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired U SA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FREYGANG, MICHELLE Street Address (P.O. Box Number is Not Acceptable) -777 NW 72 AVE. #2P9 MIAMIFE 33126 y submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5:00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 - OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE FREYGANG, MICHELLE NAME 5738 Sunset Dr. Miami, FL 33143 777 NORTHWEST 72ND AVENUE 2 PLAZA 9 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33126** CITY-ST-ZIP **Change** ☐ Addition TITLE ☐ Delete TITLE NAME MORERA, JACQUES NAME 777 NORTHWEST 72ND AVENUE 2 PLAZA 9 STREET ADDRESS STREET ADDRESS **MIAMI FL 33126** CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change , ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 sure experiental 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 executive 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

ddress, with all other like empowered.

Daytime Phone #