2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 30, 2003 8:00 am & Secretary of State P99000070601 **DOCUMENT #** 04-30-2003 90168 041 ***150.00 1. Entity Name PROFILE INVESTMENTS, INC. Principal Place of Business Mailing Address 2409 N DIXIE HIGHWAY 2409 N DIXIE HIGHWAY WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-0940163 Not Applicable Zip Country Country Zip \$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 AHMET FILDIST C. **GOLDSTONE. RICHARD ESQ** Street Address (P.O. Box Number is Not Acceptable) 2400 WEST CYPRESS CREEK ROAD 2409 N. DIXIEHWY SUITE 100 FORT LAUDERDALE FL 33309 City WEST PAIN BEACA 8. The above named eptity 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 distered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTSD TITLE Delete TITLE ☐ Change ■ Addition FILDISI, AHMET C NAME NAME STREET ADDRESS 2409 N DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME FRIEDMAN, ABRAHAM STREET ADDRESS 2409 N DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME URALLI, EMRE NAME STREET ADDRESS STREET ADDRESS 2409 N DIXIE HIGHWAY CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-7IP TITLE TITI È ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 if changed, or on an attaching it with an address, with all other like empowered.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #