2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2002 8:00 am Secretary of State P99000070728 DOCUMENT # 1. Entity Name 05-05-2002 90032 035 ***158.75 SONOWORKS, INC. Principal Place of Business Mailing Address 1811 SW 118 AVE 1811 SW 118 AVE MIRAMAR FL 33025 MIRAMAR FL 33025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0948353 Not Applicable Zip Country Zip Country \$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 Name TAMARGO, FELIX Street Address (P.O. Box Number is Not Acceptable) 1811 SW 118 AVE MIRAMAR FL 33025 City Zip Code 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. 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. 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TAMARGO, FELIX 1811 SW 118 AVE ☐ Delete TITLE Change ☐ Addition TAMARGO, FELIX NAME NAME 1811 SW 118 AVE STREET ADDRESS STREET ADDRESS MIRAMAR FL 33025 CITY-ST-ZIP MIRAMAR, FL. 33025 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SANDOVAL, ANGELA 1811 S.W 118 AVE SANDOVAL, ANGELA NAME NAME STREET ADDRESS 1811 SW 118 AVE STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33025 CITY-ST-ZIP MIRAMAR FL. 33025 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP" TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 with an address, with all other like empowered

CITY-ST-ZIP

SIGNATURE:

Jamago FELIX SIGNATURE AND TYPED OR PRINTED NAME F SIGNING OFFICER OR DIRECTOR