FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State DOCUMENT # P99000075900 SUPER BUBBLE WASH MACHINE, INC. 05-06-2002 90258 024 ***150.00 Principal Place of Business Mailing Address 19813 N.E. 12TH PLACE 19813 N.E. 12TH PLACE NORTH MIAMI FL 33179 NORTH MIAMI FL 33179 2. Principal Place of Business 3. Mailing Address 19813 NE 12th PLACE 908 S. 56 AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For H01/4W00D NORth MIAMI, FL 65-0944293 Not Applicable 33023 \$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 . E. GONEZ GOMEZ, ROSITA E Street Address (P.O. Box Number is Not Acceptable) 908 South 56 19813 N.E. 12TH PLACE NORTH MIAMI FL 33179 40000 City Zip Code 33023 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 PosiTA E. GONEZ (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printeg me of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$ 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 **PSD** TITLE ☐ Delete TITLE Change Addition NAME GOMEZ, ROSITA E NAME STREET ADDRESS 19813 N.E. 12TH PLACE STREET ADDRESS CITY-ST-ZIP NORTH MIAMI FL 33179 CITY-ST-ZIP TITLE VTD ☐ Delete TITLE Change ☐ Addition NAME GOMEZ, ELIZABETH NAME STREET ADDRESS 19813 N.E. 12TH PLACE STREET ADDRESS CITY-ST-ZIF NORTH MIAMI FL 33179 CITY-ST-ZIP - 🖃 Delete TITLE ☐ Change - - Addition BERNAL, CARLOS G NAME STREET ADDRESS 1037 NW 24 CT. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33125 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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

3. 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.

SIGNATURE:

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02 (954) 961-0014