2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # P99000078339** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name Consumer Compliance Solutions 04-26-2000 90041 040 ***150.00 Mailing Address Principal Place of Business 1010 Scarlet Oak Street 1010 Scarlet Oak Street Hollywood, FL 33019 Hollywood, FL 33019 2. Principal Place of Business 3. Mailing Address 1010 Scarlet Oak Street 1010 Scarlet Oak Street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State 4. FEI Number Applied For City & State Hollywood, FL 33019 Hollywood, FL 33019 65-0952584 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33019 Broward 33019 Broward 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Olga E. Parra -Street Address (P.O. Box Number is Not Acceptable) 1010 Scarlet Oak Street Hollywood, FL 33019 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 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 11. OFFICERS AND DIRECTORS 12. P/S/T XX Addition ☐ Delete TITLE Change TIDE Olga E. Parra NAME NAME STREET ADDRESS 1010 Scarlet Oak Street STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Hollywood, FL 33019 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [] Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

Parra, President

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4/14/00

(561) 540-6224 x107

Date

Daytime Phone #