2001 Uniform Business Report (UBR) May 23, 2001 8:00 am Secretary of State P9900000814E13 DOCUMENT # 1. Entity Name 05-23-2001 90691 041 ***150.00 GAMBOA, INC Principal Plac∉ of Business 553511 3. Mailing Address 2. Principal Place of Business 1810 5085MILITAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For Not App icable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 💃 🚟 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida SIGNATURE DATE gnature, typed or printed name of registered agent and title if applicable Reg stered 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 After MAY 1, 2011 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payab e to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change 💆 Addition Delete TITLE 3.171.0 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OTY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TATLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE "ITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY - ST - ZIP ☐ Delete ☐ Change Addition TITLE TITLE 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 supplemental report is true and accurate and that n / 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 is srequired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an enderess, with all other like empowered. 4/2010 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O : DIRECTOR Daytime Phone #