FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 22, 2002 8:00 am Secretary of State P99000090652 DOCUMENT # 1. Entity Name PRO-MAX PAINT & TEXTURE CORP. 04-22-2002 90281 027 ***150.00 Principal Place of Business Mailing Address **6921 NW 51 STREET** 6921 NW 51 STREET **MIAMI FL 33166** MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 14500 SW Ave 14500 SW SI AVE 81 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Miami City & State City & State 4. FEI Number Applied For 65-1005812 Miami Not Applicable Country \$8.75 Additional 5._Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NilsON BLANCO TOWER, MAXIMILIAN M Street Address (P.O. Box Number is Not Acceptable) 6921 NW 51 STREET SW 8/ **MIAMI FL 33166** Zip Code 33/58 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. 4/-10-2007 (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition Delete TITLE TITLE TOWER, MAXIMILIAN M NAME NAME 6921 NW 51 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33166** CITY-ST-7IP DP. ☐ Addition TITLE D۷ Delete TITLE **BLANCO, NILSON** NAME Miamin-Florida -33158 NAME 6921 NW 51 STREET STREET ADDRESS STREET ADDRESS MIAMI FL=33166~--= CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE DT TITLE NAME TOWER, ALEXANDER NAME 6921 NW 51 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE

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.

NAME

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Change

☐ Addition

☐ Addition

Daytime Phone #

305-253-7900