2003 FOR PROFIT CORPORATION

SIGNATURE: 🗷

May 05, 2003 8:00 am § **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P99000095059 DOCUMENT # 05-05-2003 90291 015 ***150.00 1. Entity Name FLORIDA TOWNHOUSES, INC. Principal Place of Business Mailing Address 14239 SUN BAY DR 14239 SUN BAY DR ORLANDO FL 32824 ORLANDO FL 32824 3. Mailing Address 1405 BRAD WCLL DR 2. Principal Place of Business 1405 BR4dWE/L Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Florida 4. FEI Number Applied For 59-3620254 Not Applicable Country ORDN9C \$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 ORREGO, SERGIO Street Address (P.O. Box Number is Not Acceptable) . 14239 SUN BAY DR 1405 BRADWELL ORLANDO FL 32824 ORLANDE 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 🗲 nt and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change : Addition ORREGO, SERGIO NAME NAME 1405 BRADWELL DA 08/4Ndo Florida 32837 STREET ADDRESS 14239 SUN BAY DR STREET ADDRESS ORLANDO FL 32824 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE 1405 BRADWELL DA 02/ANDO Floride 32837 NAME ORREGO, ALDEMAR NAME STREET ADDRESS 14239 SUN BAY DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32824 CITY-ST-ZIP Change - Addition □ Delete---TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 10 or Block 11 if changed, or on an attachment with any address, withfall other like empowered.

FILED