2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000101371 US MANAGEMENT GROUP INC. FILED. 01 MAY 10 AM 11:55 Mailing Address Principal Place of Business 8004 11W 154 ST. #101 Miami Lakes, FL SECRETARMOR STRATE 8004 NW 154 Street THAT I WHAT SEE SELLORIDA # 101 MIAMI LAKES, FL 33016 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0966381 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICHARD GUTIERNEZ tooy NW 154 Street #101 Street Address (P.O. Box Number is Not Acceptable) 8004 NU2 Miani Calles FL 33016 #101 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 (NOTE Registered Agent signature required when reinstating) of registered agent and title if applicable. 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, 200 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change President Delete TITLE TITLE GUTIERREZ MAYDELIS MAYDELIS GUERRA NAME 8004 NW 154 Street #101 NAME BOOY NW 154 Street #101 STREET ADDRESS STREET ADDRESS Miami Lalles, Fl ろうのん 33016 CITY-ST-ZIP CITY-ST-ZIP Miani Calles, FC Addition ☐ Delete TITLE TITLE NAME NAME -002 STREET ADDRESS STREET ADDRESS ****158.75 ****158.75 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE 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-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete MILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

of the corporation or the receiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Biock 11 of Biock 121 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (305) 231-4561

TED NAME OF SIGNING OFFICER (R DIRECTOR

FL. DEPARTMENT OF STATE ANNUAL REPORT

PER OUR CONVERSATION PLEASE CHECK YOUR RECORDS THAT MY corporation: US Hanagement Gross Inc. DOCUMENT # P99000 101371 NEVER RECEIVED THE ANNUAL REPORT THIS YEAR. PLEASE ACCEPT OUR PAYMENT WITHOUT PENALTY DUE TO THAT WE NEVER RECEIVED THE REPORT.

THANKING YOU IN ADVANCE

Mayde lis 6-tierres, President