2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **P99000105569** K-DAWG EQUITIES TRADING, INC. 04-19-2000 90062 038 ***158.75 Mailing Address Principal Place of Business 5100 N. OCEAN BLVD. 5100 N. OCEAN BLVD. APT. 804 APT. 804 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address 5901 TOWN BAY DR. 5801 TOWN BAY DR. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. APT. 6211 APT. 6211 4. FEI Number Applied For City & State BOCA RATON FL BOCA RATON FL 65-0962948 Not Applicable Zip 3.34.86 Country \$8.75 Additional Country 5. Certificate of Status Desired USA Fee Required 33486 U.S.A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BALVIN, KENNETH R Street Address (P.O. Box Number is Not Acceptable) 580 | TOWN BAY DR. BALVIN, KENNETH R 5100 N. OCEAN BLVD. **APT. 804** APT. 6211 FORT LAUDERDALE FL 33308 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. 3-11-2000 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 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 ☐ Addition TITLE ☐ Delete BALVIN, KENNETH R 5801 TOWN BAY DR. APT 6211 NAME BALVIN, KENNETH R NAME STREET ADDRESS STREET ADDRESS 5100 N. OCEAN BLVD., APT. 804 CITY-ST-ZIP BOCA RATION FL 33486 CITY-ST-ZIP FORT LAUDERDALE FL 33308 Change Addition TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete 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.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-7IP

Kerueth R. Balins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 11, 2000

561-654-8686

Daytime Phon