2003 FOR PROFIT CORPORATION

May 02, 2003 8:00 am & Secretary of State **UNIFORM BUSINESS REPORT (UBR** S32919 DOCUMENT # 05-02-2003 90738 045 ***150.00 1. Entity Name KAORU ENTERPRISES, INC. Principal Place of Business Mailing Address P.O. BOX 12906 P.O. BOX 12906 PENSACOLA FL 32576 PENSACOLA FL 32576 2. Principal Place of Business 3. Mailing Address P.O. BOX P.O. BOX 10977 ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3116136 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 3ス5ス4 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent... BECK-MAYE, KAY Street Address (P.O. Box Number is Not Acceptable) 407 S. PACE BLVD. PENSACOLA FL 32501 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. 3 SIGNATUŘÉ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 Addition BECK-MAYE, KAY NAME NAME 407 S PACE BLVD 6702-B Plantation STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ~ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition

12. 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 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 an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP