FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 02, 2000 8:00 am Secretary of State **DOCUMENT # \$49194** 1. Entity Name PILGRIM FINANCIAL CORPORATION 05-02-2000 90041 011 ***150.00 Mailing Address Principal Place of Business 1224 NE 4 AVE 1224 NE 4-AVE りもひひすい FORT LAUDERDALE FL 33062-6719 FORT JAUDERDALE FL 33304 3. Mailing Address Principal Place of Business JouTh Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0260219 Not Applicable Country BROWARD Zip \$8.75 Additional Country 5. Certificate of Status Desired BROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'SHAUGHNESSY, THOMAS Street Address (P.O. Box Number is Not Acceptable) 1224 NE 4 AVE FORT LAUDERDALE FL 33304 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Delete TIT) F TITLE D'SHAUGHNESSY, NAME O'SHAUGHNESSY, THOMAS NAME 852 South Federal Hury STREET ADDRESS STREET ADDRESS -1224 NE 4 AVE Pompano Beach FL 33862 CITY-ST-ZIP CITY-ST-7IP ft lauderdale fl ☐ Delete TITLE LYDIA O'SHAUGHNESSY TITLE O'SHAUGHNESSY, LYDIA NAME STREET ADDRESS STREET ADDRESS 1224 NE 4 AVE-CITY-ST-ZIP CITY-ST-7IP ft lauderdale fl ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTIPO NAME OF SIGNANG OFFICER OR DIRECTO

Shaughnessy 4/24/00 954-941Daytime Phone #