2001 UNIFORM BUSINESS REPORT (UBR) May 31, 2001 8:00 am DOCUMENT # 5 9 18 18 Secretary of State 1. Entity Name 05-04-2001 90165 018 \*\*\*150.00 PROSIMO, INC. HI54 NW. 13th the Pr. Muderdale, FC. Ft. Landendele, FC. 33309 Principal Place of Business 4 ( 1) 1 ~ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For · 0878 Not Applicable Zip Country Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Theodie 6. Kurbos 4154 NW 134 Hre Street Address (P.O. Box Number is Not Acceptable) En Lauradde, RL 33309 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. PRESIDENT entre 6 Korlon DATE 9. This corporation is eligible to satisfy its Intangible FILE NOWIR FLE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (11/00) TILE Change ☐ Addition TITLE NAME STREET ADDRESS TREET ADDRESS ATY - ST - ZIP CITY-ST-78 TITLE ☐ Delete ☐ Addition hee it, Mrs NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Addition □ Delete TITLE Change TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ŤILE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 702. 885. 8009 954.202.0659 SIGNATURE:

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