FILED Apr 10, 2003 8:00 am

2003 FOR PROFIT CORPORATION

DOCUMENT # V12850 1. Entity Name GILBERT LACROIX, INC.				Secretary of State 04-10-2003 90079 047 ***150.00	
Principal Place of Business 1150 ATLANTIC SHORR BLVD SUITE 608 HALLANDALE FL 33009 US 2. Principal Place of Business		Mailing Address 1150 ATLANTIC SHORR BLVD SUITE 608 HALLANDALE FL 33009 US 3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0316689	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional ee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LACROIN OF BERT			Name		
1150 ATLANTIC SHORE BLVD				P.O. Box Number is Not Acceptable)	
SUITE 608 HALLANDALE FL 33009			City	FL	Zip Code
SIGNATURE .	Signature, typed or printed name of registered agent a ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	,	IOTE: Registered Agent signature required	DATE 9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 603 LACROIX, GILBERT 1150 ATLANTIC SHORE BLVD #6 HALLANDALE FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>j</u> □ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP		☐ Change ☐ Addition S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- 17 Jan -	□ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP		Change Addition
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.5	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
12. hereby c	certify that the information supplied with	this filing does not qualify	for the exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I further certi	fy 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.