2003 FOR PROFIT CORPORATION

UN	IFOR	W ROZINE	22 KELO	KI (ORK)	Apr 23, 2003		
DOCUMENT # V17835 1. Entity Name RICHARD A. KRAL, INC.					Secretary of State 04-23-2003 90273 004 ***150.00		
Principal Place of Business 2380 SW 34 STREET UNIT C FORT LAUDERDALE FL 33312			Mailing Address 2390 SW 34 STREET UNIT C FORT LAUDERDALE FL 33312			AN 6160 BASK 6160 BASK 640.	
2. Principal Place of Business 803 SW /4 COURT			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State Pom PANO BEACH, FLA.			City & State		4. FEI Number 65-0324128		
Zip Country BAOWARD		Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
				Name	Name		
KRAL SR, RICHARD A. 4131 STIRLING ROAD				Street Address	Street Address (P.O. Box Number is Not Acceptable)		
APT 305							
FORT LAUDERDALE FL 33314				City	City FL Zip Code		
	tions of regist			g its registered office or regist R. A. WRAL (NOTE: Registered Agent signature requir	ered agent, or both, in the State of Florida. I am f	_	
Afte	ILE NOW!	!! FEE IS \$150.00 03 Fee will be \$550.00 or Florida Department of		(A) E. Hegistela Agait Signatura Indus	9. Efection Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.		OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4131 STR	CHARD A. SR ILING ROAD #305 JDERDALE FL 33314	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE THE TITLE TO			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	• • • • • • • • • • • • • • • • • • •	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME			☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE DECEMBED R.A. KRAZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-585 3993

Daytime Phone #