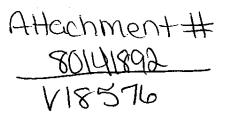
Aug 28, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

V18576 DOCUMENT # 08-28-2003 90070 009 ***150.00 1. Entity Name MOLIN, INC. Principal Place of Business Mailing Address 760 NW 21ST STREET 760 NW 21ST STREET MIAMI FL 33129 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 65-0322958 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOLINA, EDITH Street Address (P.O. Box Number is Not Acceptable) 2151 NW 7TH AVE. MIAMI FL 33127 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Change TITLE ☐ Delete MOLINA, ORLANDO NAME NAME 760 NW 21ST STREET STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE MOLINA, EDITH NAME STREET ADDRESS 760 NW 21ST STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE 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 TITLE Delete TITLE Change ☐ 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 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.

SIGNATURE:



Edith Molina 760 NW 21st Street Miami, FL 33127

8/26/2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Dissolution of Molin, Inc.

I recently received your notice that within 60 days my corporation name will be administratively dissolved. I have been keeping this annual report active in the hopes that in the near future I can have my own business. For years now I've been struggling. I do not wish to have my corporation administratively dissolved but I can't afford the \$550 now. The mailing address to the business above has a forwarding order that may have expired I've been so busy with other problems I totally forgot about this and missed it this year. Please accept the \$150 to keep my corporation name active. I appreciate all the help I receive.

Thank/you/very much,

Edith Molina