FILED May 21, 2003 8:00 am

2003 FOR PROFIT CORPORATION

| ONITONIA DOSINESS NEPONI (ODN) | | | | | | | |
|--|--------------------------------------|---------------------------------------|------------------|--|--|---------------------------------------|---|
| DOCUMENT # V29849 1. Entity Name SOUTH FLORIDA MORTGAGE AND DEVELOPMENT, INC. | | | | | Secretary of State 05-21-2003 90187 025 ***150.00 | | |
| Principal Place of Business Mailing Address | | | | | | - - | |
| 6675 WINDSOR LN 6675 WINDSOR LN LA GORCE ISLAND LA GORCE ISLAND | | | | | | | |
| MIAMI FL 33141 MIAMI FL 33141 | | | | | A SERVIL CHARGE ALGUE MANN SHAND SHAND TONG ANAN BARNA B | | 1416 1416 1 46 1 |
| US US | | | | | | | |
| 2. Principal F | Place of Business | 3. Mailing Address | | | | JB11 B1814 B1811 #4641 B | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | |
| City & State | | City & State | | | 4. FEI Number 65-0346154 | | oplied For ot Applicable |
| | | Zip | | | 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 | | | |
| GLASER, CLAUDIA | | | | Name | | | |
| 6675 WINDSOR LN | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| LA GORCE ISLAND | | | | | | | |
| MIAMI BCH FL 33141 | | | | | | · · · · · · · · · · · · · · · · · · · | |
| MIAMI DON PL 33141 | | | | City | | FL Zip Code | e |
| 8.7 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 \$150.00 | | | | | | | |
| After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fe | | | | | | | |
| Make Check | Payable to Florida Departme | | | | ndst i did dentilbation. | i Added | 1101603 |
| 10. | | AND DIRECTORS | 11. | | ADDITIONS/CHANGES TO OFFICERS | | |
| TITLE | PST CLAUDIA | ☐ Delete | TITLE | ļ | | Change | Addition (|
| NAME STREET ADDRESS | GLASER, CLAUDIA 6675 WINDSOR LN | | NAME STREET A | nnatee | • | | ļ |
| CITY-ST-ZIP | MIAMI BCH FL 33141 | | CITY-ST- | ŧ | | | 1 |
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| CITY-ST-ZIP CITY- | | | CITY-ST- | ZIP | | | |
| 12. Thereby o | ertify that the information supplied | with this filing does not qualify for | or the exempt | tion stated in Sec | ction 119 07/3)(i) Florida Statutes, Lifurther | cortify that the in | formation |

reference 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:

SIGNATZITZREQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #