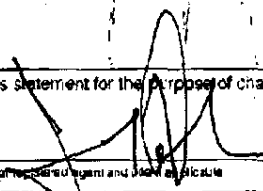
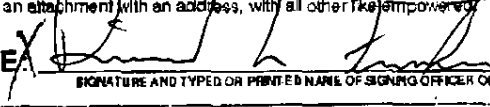


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91411 013 ***150.00

DOCUMENT # V35433			
1. Entity Name FIRST MACHINERY CO., INC.			
Principal Place of Business 601 ELKCAM CIR SUITE A1-A MARCO ISLAND, FL 33937		Mailing Address 601 ELKCAM CIR SUITE A1-A MARCO ISLAND, FL 33937	
2. Principal Place of Business 677 SOLANA CT.		3. Mailing Address 677 SOLANA CT.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MARCO ISLAND, FL		City & State MARCO ISLAND, FL	
Zip 34145	Country COLLIER	Zip 34145	Country COLLIER
4. FEI Number 65-0333873		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, JEFFREY ROY 47002 VV DIXIE HWY N MIAMI BEACH, FL 33150		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 279 Sunny Isles Blvd. City Sunny Isles Beach FL Zip Code 33160	
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  DATE 4/29/03 (NOTE: Registered Agent's signature required when replacing)			
FILE NOW! FEES \$300.00 After May 1, 2003, Fee \$400.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIRSTENBERG, RICHARD 601 ELKCAM CIR-A1-A MARCO ISLAND, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 677 SOLANA CT MARCO ISLAND, FL 34145
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 507, 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 fee empowered.			
SIGNATURE 		4/30/03 DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CH2E1034 (10/02)