FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 03, 2001 8:00 am Secretary of State DOCUMENT # V72252 1₹ Intity-Name 05-03-2001 90995 039 ***150.00 ANDERSEN TRADING INCORPORATED Principal Place of Business Mailing Address UUU59272 272 Bal Bay Drive 272 Bal Bay Drive Bal Harbour, Fl. 33154 BallHarbour, Fl. 33154 2. Principal Place of Business 3. Mailing Address 275 Bal Bay Drive 275 Bal Bay Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Bal Harbour, Fl Bal Harbour, Fl 65-0366735 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33154 33154 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ANDREESCU, RAZVAN 501 E. Kennedy Blvd suite 1900 Zip Code FI Tampa, F1. 33602 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. SIGNATURE Signature, typed or printed name of respistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 PS TITLE ☐ Delete TITLE XX Change Addition Andreescu, Razvan V NAME NAME 272 Bal Bay Drive BAl Harbour, Fl. 33154 275 Bal Bay Drive Bal Harbour, Fl. 33154 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE THE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THEF Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7E CITY-ST-ZIP THE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

4/12/01 305-866-5093 R. Andreescu, Pres. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

changed, or on an attackment with an address, with all other like empowered.

13. Thereby 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 11 or Block 12 if