2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State **DOCUMENT # V72710** PINNACLE CONSTRUCTION OF FORT LAUDERDALE, INC. 04-28-2001 90040 004 ***158.75 Principal Place of Business Mailing Address 2715 E OAKLAN PARK BLVD 3706 N. OCEAN BLVD. SUITE 100 SUITE 460 (JEJUL FT LAUDERDALE FL 33306 FT. LAUDERDALE FL 33308 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0376370 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LESOUSKY, JOHN Street Address (P.O. Box Number is Not Acceptable) 3706 N. OCEAN BLVD. SUITE 460 FT LAUDERDALE FL 33308 City Zip Code submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. -20-200 JOHN (SIGNATURE FILE NOW!!! FEE IS \$150.00 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. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE Change LESOUSKY, MICHAEL NAME NAME STREET ADDRESS 3706 N. OCEAN BLVD., STE. 460 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL. CITY-ST-ZIP VP TITLE ☐ Delete TITLE ☐ Addition Channe LESOUSKY, JOHN NAME NAME STREET ADDRESS 3706 N. OCEAN BLVD., STE. 460 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition LESOUSKY, JOHN NAME NAME 3706 N. OCEAN BLVD., STE. 460 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE: