2003 FOR PROFIT CORPORATION

	FURM BUSIN		H-(UDN)	Secretary of State	
DOCUMENT # G52240 1. Entity Name //BRATION ENERGY SERVICES, INC.				04-07-2003 90941 036 ***150.00	
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Principal Place of Business 7820 NW 41ST STREET SUNRISE FL 33351		Mailing Address 7820 NW 41ST STREET SUNRISE FL 33351		A SERVIN ETER BUSE SIGNE SIGNE SIGN EEN BLEIN BUSIN SYEM BLEIN BUSIN SYEM BUSIN SYEM BUSIN STEN BUSIN STEN	
2. Principal Plac	ce of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-2341251 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent	
SEBASTIAN, WARREN 7820 NW_41ST_STREET			Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUNRISE FL 33321					
		•	City	FL Zip Code	
the obligation	amed entity submits this statemen as of registered agent.		S registered office or reg	pistered agent, or both, in the State of Florida. I am familiar with, and accept quired when reinstating)	
After N	E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Department	00 t of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.		ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
STREET ADDRESS 78	st Ebastian, Warren 820 NW 41st Street Unrise Fl	☐ Delete	TITLE NAME : STREET ADDRESS : CITY-ST-ZIP	☐ Change ☐ Addition	
TREET ADDRESS 78	ebastian, Warren 320 NW 41ST Street Unrise Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
ITLE IAME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
ITLE IAME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
ITLE IAME STREET ADDRESS EXTY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE IAME		☐ Delete	TITLE NAME	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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ABOURZO.

Daytime Phone #