2001 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P00000111910 Apr 16, 2001 8:00 am Secretary of State KABY, INC. 04-16-2001 90054 025 ***150.00 Mailing Address Principal Place of Business 3148 SHORELINE DR. 3148 SHORELINE DR. CLEARWATER FL 33760 CLEARWATER FL 33760 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 59 · 3684970 \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LUC, YEN Street Address (P.O. Box Number is Not Acceptable) 3148 SHORELINE DR. **CLEARWATER FL 33760** Zip Code City FI 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME LUC. YEN NAME STREET ADDRESS STREET ADDRESS 3148 SHORELINE DR. CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760** ☐ Addition ☐ Change ☐ Delete TITLE LUC. KHIEM STREET ADDRESS STREET ADDRESS 3148 SHORELINE DR. CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760** Change ☐ Addition TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE T/Tt F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 attachment with an address, with all other like empowered.

SIGNATURE:

HOANG LUC 4:11. 01 (727) 535