2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34460

FILED Apr 13, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--------------------------------------|---|--|--|--|
| 5500 & 550 HIALEAH, | 60 W. 21 CT. FL 33016 | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| PO BOX 1 HIALEAH, | | | | |
| FEI Number | : 65-0203081 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and | l Address of C | urrent Registered Agent: | Name and Address o | of New Registered Agent: |
| | CT APT 104 | JS | | |
| The above | | | | |
| | named entity s e of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, |
| | e of Florida. É | · | | |
| in the State | e of Florida. RE: Electron | ic Signature of Registered Age | ent | Date |
| in the State | e of Florida. É | ic Signature of Registered Age | ent | |
| in the State | e of Florida. RE: Electron S AND DIREC | ic Signature of Registered Age TORS: Delete | ent | Date |
| officer: Title: Name: Address: | e of Florida. RE: Electron S AND DIREC TD () ROQUE, JOEL 5500 W 21 CT HIALEAH, FL 33 | ic Signature of Registered Age TORS: Delete 104 3016 Delete ICIANO APT 307 | ent ADDITIONS/CHANGI Title: Name: Address: | Date ES TO OFFICERS AND DIRECTORS |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL ROQUE TD 04/13/2009