SIGNATURE: X SIGNATURE AND TYPED

Feb 27, 2008 8:00 am 2008 FOR PROFIT CORPORATION Secretary of State ANNUAL REPORT DOCUMENT # P01000045431 02-27-2008 90012 018 ***150.00 1. Entity Name TECSYS LATIN AMERICA, INC. Principal Place of Business Mailing Address 780 NW 42ND AVE #416 780 NW 42ND AVE #416 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072008 Chg-P CR2E034 (12/06) City & State City & State 4. FEi Number Applied For 65-1103471 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORDOVA, ANGEL D Street Address (P.O. Box Number is Not Acceptable) 780 NW 42ND AVE #416 MIAMI, FL 33126 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE Delete TITLE Change ☐ Addition NASSIEF, GREGOR NAME NAME 780 NW 42ND AVE #416 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33126 Delete ☐ Change ☐ Addition TITLE TITLE HILLINGER, CARLOS NAME NAME STREET ADDRESS 780 NW 42ND AVE #416 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP TITLE -~ · - ⁻ [Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE □ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is five 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 employered 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 impowered.

GREGOR NASSIEF, PRESIDENT

Daytime Phone #

FILED