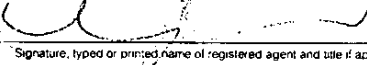


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90028 026 ***150.00

DOCUMENT # P03000040403 1. Entity Name ROSEMARY BARRERAS, PA																									
Principal Place of Business 1601 PALM AVENUE STE 110 D PEMBROKE PINES, FL 33026			Mailing Address 1601 PALM AVENUE STE 110 D PEMBROKE PINES, FL 33026																						
2. Principal Place of Business - No P.O. Box # 1000 N. Hiatus Rd.		3. Mailing Address 1000 N. Hiatus Rd																							
Suite, Apt. #, etc. Ste. 200		Suite, Apt. #, etc. Ste. 200																							
City & State Pembroke Pines FL		City & State Pembroke Pines FL																							
Zip 33026		Country USA		4. FEI Number 20-0008162																					
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																							
6. Name and Address of Current Registered Agent BARRERAS-FREIRE, ROSEMARY 1601 PALM AVENUE SUITE 110 D PEMBROKE PINES, FL 33026			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1000 N. Hiatus Rd. Ste. 200 City Pembroke Pines FL Zip Code 33026																						
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  DATE 3/19/08 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 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BARRERAS-FREIRE, ROSEMARY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1601 PALM AVE STE 110 D</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33026</td> <td></td> </tr> </table>			TITLE	PD	☐ Delete	NAME	BARRERAS-FREIRE, ROSEMARY		STREET ADDRESS	1601 PALM AVE STE 110 D		CITY-ST-ZIP	PEMBROKE PINES, FL 33026		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Change ☒ Addition ☐</td> </tr> <tr> <td>NAME</td> <td>1000 N. Hiatus Rd. Ste. 200</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Pembroke Pines FL 33026</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Change ☒ Addition ☐	NAME	1000 N. Hiatus Rd. Ste. 200	STREET ADDRESS	Pembroke Pines FL 33026	CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing 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 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.																									
SIGNATURE:  Presi DATE 3/19/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																									

Rosemary Barreras-FREIRE