2007 FOR PROFIT CORPORATION

SIGNATURE:

May 16, 2007 8:00 am Secretary of State ANNUAL REPORT 05-16-2007 90013 019 ***150 00 DOCUMENT # P04000007617 ALMA PROPERTY, INC. Principal Place of Business Mailing Address 1800 SUNSET HARBOR DRIVE 1800 SUNSET HARBOR DRIVE STE. 1605 STE. 1605 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. 05112007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 33-1088270 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Morano International, P.A. CHOLOBEL: MICHAEL Street Address (P.O. Box Number is Not Acceptable) 4300 BISCAYNE BLVD: STE: 205 407 Lincoln Road, Ste. MIAMI-FL 33137 c/o Michael S.Morano, Esq Zip Code 33139 Miami Beach is 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 8. The above name the obligations of MICHAEL S. HDRA NO, ESQ. agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) SIGNATURE ed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 14, 2007 Added to Fees corporation did not receive the prior notice 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTS Delete TITLE ☐ Change ☐ Addition DANESE, MARIO NAME STREET ADDRESS 1800 SUNSET HARBOR DRIVE STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP 12. Thereby 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 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 n with an address,

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F0/11/20

FILED

ATTACHMENT

40114232 # P04000007617

May 11, 2007

Division of Corporation P.O. Box 1500 Tallahassee, FL 32302-1500

RE: ALMA PROPERTY, INC.

Dear Sir/Madam:

Please be informed that I am the President of the above referenced company and this is to inform you that I have not received any prior notice about the "Business Annual Report".

Therefore, I kindly request you to accept the enclosed payment for the above fees.

Sincerely,

Mario Danese