FILED 2007 FOR PROFIT CORPORATION Apr 27, 2007 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # P04000098593 DEZER FAMILY HOLDINGS, INC. Principal Place of Business Mailing Address **18001 COLLINS AVENUE 18001 COLLINS AVENUE** SUNNY ISLES, FL 33160 SUNNY ISLES, FL 33160 the state of the s 04232007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 20-2024889 \$8.75 Additional man from the control from the first problems of the first the first of the control from 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R DO NOT WRITE 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134 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 little it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS The state of the s TITI F NAME SALMON, LESLIE D the problem of the second of the second STREET ADDRESS 89 FIFTH AVENUE, 11TH FLOOR CITY-ST-ZIP NEW YORK, NY 10003 600000737263 TITLE - 05/11/07-00020-014 150:00 DEZER GIL NAME STREET ADDRESS 18001 COLLINS AVE, 31ST FLR The first parties of a track to the track of a popular with the first of the first CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160 Surface the first country and the country of the largest the country are the standard TITLE dispersional make this tage territoria appareta produce a formation NAME STREET ADORESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS April grade a material provide the regular properties of material states of a said of a CITY-ST-ZIP atter film the transfer of the continue of the TITLE NAME The transfer of the transfer o STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS rock to still shell of a so spir suphilinale Other class s CITY-ST-ZIP

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 accordate 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 drustee 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:

Daytime Phone #

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR