2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2008 8:00 am Secretary of State 04-18-2008 90047 009 ***150.00

Daytime Phone # - -----

Principal Place of Business 169 E FLACLER ST STE 1534 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box #
169 E FLAGLER ST STE 1534 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailling Address Suite, Apt. #, etc.
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State Country S. Certificate of Status Desired Status Desir
APPLIED OF 10 Not Applicable Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NICENBOIM, JOSE 169 E FLAGLER ST STE 1534 MIAMI, FL 33131 City FL 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 FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INLE PALACIO, JUAN CARLOS SIRRET ADDRESS CITY-ST-ZP INTEL MAKE SIRRET ADDRESS CITY-ST-ZP COUNTY 5. Certificate of Status Desired \$8.75 Additional Fee Required Agent City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Note: Pee Required City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Note: Pee Required City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Note: Pee Required City FL 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 3. 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 acceptable the obligations of registered agent. SIGNATURE Signature. Input or printed name of requiremed agent and live of applicable. (NOTE: Registered Agent injuriable required when remistating) DATE FILE NOWILI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE PLACE PL
NICENBOIM, JOSE 169 E FLAGLER ST STE 1534 MIAMI, FL 33131 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, lyped or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstalling). PILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. ITILE PD Delete ITILE PALACIO, JUAN CARLOS SIREET ADDRESS CITY-ST-ZP MIAMI, FL 33131 Delete ITILE NAME SIREET ADDRESS CITY-ST-ZP ITILE SIREET ADDRESS CITY-ST-ZP ITILE SIREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-ZP
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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.