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2006 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

DOCUMENT # P05000149400 06 AUG -3 AM In: 22 BISCAYNE DR. 288, INC. CCRETARY OF STATE TALLAHASSEE TLORIDA 40054664 Principal Place of Business Mailing Address 28921 S DIXIE HWY 28921 S DIXIE HWY HOMESTEAD, FL 33033 HOMESTEAD, FL 33033 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 03162006 CR2E034 (11/05) Chq-P Applied For City & State City & State 4. FEI Number 65-1 Not Applicable Country Zio Country Zip \$8.75 Additional \Box 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHREIBER, DARRYL S Street Address (P.O. Box Number is Not Acceptable) 5600 SHERIDAN ST HOLLYWOOD, FL 33021 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 little if supplicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE (8 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, TIFLE ☐ Detete TITLE Addition Change NAME HOSAIN MOHAMMED A NAME 28921 S DIXIE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33033 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 CITY-ST-ZIP Delete THEF Change Addition THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-S1-ZIP Delete TITLE ☐ Change ■ Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY ST 709 HILE Oelete TITLE ☐ Change Addition JC 8/3 HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this liting 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 507. 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.

ME OF SIGNING OFFICER OR DIRECTOR