2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 07, 2008 08:00 AN Secretary of State **DOCUMENT # P06000052750** 1. Entity Name M PADRON INC. Principal Place of Business Mailing Address 1053 NW 34 AVENUE 1053 NW 34 AVENUE MIAMI, FL 33125 MIAMI, FL 33125 01032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PADRON, EDUARDO M 1053 NW 34 AVE MIAMI, FL 33125 IN THIS SPACE 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. natolet Signature, typed or brinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PADRON, EDUARDO M NAME STREET ADDRESS 1053 NW 34 AVE U00000774194 01/07/08-80004-015 150.00 CITY-ST-ZIP MIAMI, FL 33125 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 or an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> EUVARDO M. PADRON TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR