2008 FOR PROFIT CORPORATION

Mar 13, 2008 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P06000069881 YVAN MARTINEZ RENGIFO P.A. Principal Place of Business Mailing Address 1110 BRICKELL AVENUE 1110 BRICKELL AVENUE SUITE 400 SUITE 400 MIAMI, FL 33131 US MIAMI, FL 33131 US 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4936340 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAAVEDRA, JOSE A DO NOT WRITE 5975 SUNSET DRIVE SUITE 504 IN THIS SPACE MIAMI, FL 33143 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 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 10. OFFICERS AND DIRECTORS TITLE RENGIFO, YVAN NAME STREET ADDRESS 1110 BRICKELL AVENUE, SUITE 400 CITY-ST-ZIP MIAMI, FL 33131 .Ú00000855796 03/27/08-80066-003 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THILE STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS 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 accurate and that my signature shall have the same legal effect as if made under cath; 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-five empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND T FED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 10/2008

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Daytime Phone #