2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 06, 2008 8:00 am Secretary of State DOCUMENT # P07000133401 Entity Name 03-06-2008 90041 006 ***150.00 MODULAR CONCEPT GROUP, INC. Puncipal Place of Business Mailing Address 12260 SW 8TH STREET 12260 SW 8TH STREET # 124 MIAMI FL 33184 MIAMI FL 33184 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apr. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 26.1603338 Not Applicable Country $Z_{\rm ID}$ Country Z_{10} \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BANDOMO, ALAIN Street Address (P.O. Box Number is Not Acceptable) 12260 SW 8TH STREET # 124 MIAMI FL 33184 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Synature, typed or printed nearly of registered insent and tine 4 simplicacie. (NOTE: Pegistered Agont eightlam required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE PD ☐ Delete TITLE ☐ Change BANDOMO, ALAIN NAME NAME STREET ADDRESS 12260 SW 8TH STREET # 124 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33184 CITY-ST-ZIP **VPD** Addition TITLE ☐ Delete Change BANDOMO, ALAIN STREET ADDRESS 12260 SW 8TH STREET # 124 STREET ADDRESS MIAMI FL 33184 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ППЕ ☐ Change ☐ Addition NAME NAME BANDOMO, ALAIN STREET ADDRESS STREET ADDRESS 12260 SW 8TH STREET # 124 CITY-ST-ZIP MIAMI FL 33184 CITY-ST-ZIP ☐ Deiete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change | TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS OTY-ST-ZIP CITY-SI-ZIP Addition TITLE ☐ Delete TITLE MAME MAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 of the corporation or the receiver or trustee empowered to exceed the control of the changed, or on an attachment with an address, with all other like empowered.

CDY-ST- AP

SIGNATURE:

OUTY-ST-ZIP

OFFICER OR DIRECTOR

FILED