2007 FOR PROFIT CORPORATION ANNUAL REPORT

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

DOCUMENT# P97000079804

Entity Name: SAILFISHER II, INC.

FILED May 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4551 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146 **Current Mailing Address: New Mailing Address:** 4551 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146 FEI Number: 65-0801670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALAYON, RICHARD ALAYON, CARLOS 11955 S.W. 46 STREET 11955 S.W. 46 STREET MIAMI, FL 33175 MIAMI, FL 33175 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. SIGNATURE: CARLOS ALAYON 05/01/2007 Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:**

PSD

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

() Delete () Change () Addition ALAYON, CARLOS A Name: Name: 11955 SW 46 STREET Address: Address: City-St-Zip: MIAMI, FL 33175 City-St-Zip: Title: VPD Title: VPD () Delete (X) Change () Addition Name: LUIS, ARRIETA Name: ARRIETA, LUIS 10821 S.W. 61ST TERRACE 10821 S.W. 61ST TERRACE Address: Address: MIAMI, FL 33173 MIAMI, FL 33173 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: ALAYON, RICHARD Name: 4551 PONCE DE LEON BLVD Address: Address: City-St-Zip: City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD ALAYON D 05/01/2007