2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2008 08:00 AN Secretary of State **DOCUMENT # P98000042704** 1. Entity Name FIFTÉEN PARTNERS INC. Principal Place of Business Mailing Address 14024 NW 82 AVE 14024 NW 82 AVE MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 05012008 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4 FEI Number 65-0894563 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RAMOS, JORGE 14024 NW 82 AVE MIAMI LAKES, FL 33016 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be 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 PTSV TITLE NAME RAMOS, JORGE 14024 NW 82 AVE STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33016 TITLE NAME RAMOS, JORGE STREET ADDRESS 14024 NW 82 AVE CITY-ST-7IP MIAMI, FL 33016 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TIT! E IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

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

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

(305) 821-4461 Dayline Phone II

FILED