2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 30, 2007 08:00 AM Secretary of State DOCUMENT # P98000106974 PHILIP PATHYIL, P.A. Principal Place of Business Mailing Addross 3110 NE 210TH STREET AVENTURA FL 33180 3110 NE 210TH STREET AVENTURA FL 33180 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FE! Number Applied For 65-0883693 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATHYIL, PHILIP Stroet Address (P.O. Box Number is Not Acceptable) 3110 NE 210TH ST AVENTURA FL 33180 Zip Codo City Fl 8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, 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 little if applicable. (NOTE: Registered Agent signature required when redistating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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. THTLE ☐ Delete MILE ☐ Change ☐ Addition PATHYIL, PHILIP NAME NAME U00000740821 3110 NE 210TH ST STREET ADDRESS STREET ADDRESS **AVENTURA FL 33180** 05/15/07-80005-001 150.00 CITY-S1-ZIP CiTY-ST-7IP HTLE ☐ Delete HILE ☐ Change ■ Addition NAME NAMI. STREET ADDRESS STREET ADDRESS C/TY-ST-ZIE CITY - ST- ZIP 102 ☐ Delete IIIIÈ C Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-SI-ZIP DINE Delete HILE ☐ Change Addition NAME NAMI. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP IIILE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP I hereby cortify 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 supplemental 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 if changed, or on an attachment with an address, with all other like empowered

4/26/07

Daytime Phone #

SIGNATURE