2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 13, 2007 8:00 am Secretary of State DOCUMENT # P98000107686 04-13-2007 90169 017 ***150.00 220 WEST MIAMI CORPORATION Principal Place of Business Mailing Address 220 W MIAMI AVE 220 W MIAMI AVE VENICE FL 34285 VENICE FL 34285 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 65-0884767 Applied For City & State City & State Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILVIÀ, GREGORY E 220 W MIAMI AVE VENICE FL 34285 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. the obligation of registered agent, SIGNATURE (NOTE, Registered Agent signalure required when reinstating) 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. Change TITLE TITLE Delete Addition SILVIA, GREGORY E NAME NAME 132 WADING BIRD DR STREET ADDRESS STREET ADDRESS VENICE FL 34292 CITY - ST - ZIP CITY-ST-ZIP TITLE X Change Delete HILL Addition Vice President SILVIA, DIANE Fregory & Silvia Sr 32 Evolding Bird Dr Venice Fi 34292 NAME NAME 132 WADING BIRD DR STREET ADDRESS STREET ADDRESS VENICE FL 34292 CITY - ST - ZIP CITY - ST - ZIP Secretary Gregory 251/11a 132 Weding Bird TOLE TITLE Change Addition 🌠 Delete SILVIA, JENNIFER NAME NAME 132 WADING BIRD STREET ADDRESS STREET ADDRESS MENICE-FL-04292 CITY-ST-ZIP CiTr - ST - Ziiî TITLE ☐ Delete TITLE ☐ Change Addition SILVIA. DIANE F NAME NAME 132 WADING BIRD DR STREET ADDRESS STREET ADDRESS VENICE FL 34292 CHY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST-ZIP THE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. I hereby 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 of 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.

OF SIGNING OFFICER OR DIRECTOR

FILED