2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # S87643 05-02-2007 90065 049 ***150.00 1. Entity Name LAPADULA AND COMPANY, P.A. Principal Place of Business Mailing Address 400222 2801 PONCE DE LEON BLVD 2801 PONCE DE LEON BLVD STE 1100 STE 1100 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2 Alhambra Plaza Alhan Suite, Apt. #, etc. 04092007 Chq-P CR2E034 (12/06) Suite 1100 4 EEI Number Applied For 65-0292391 Not Applicable \$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 LAPADULA, DANIEL O. Box Number is Not Acceptable) Street_Address 2801 PONCE DE LEON BLVD. **SUITE 1100** CORAL GABLES, FL 33146 uite 11∞ City Coro 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, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete FITLE ☐ Addition Change NAME LAPADULA, DANIEL NAME a Alhambra Plaza Svitelloo 2801 PONCE DE LEON BLVD, STE 1100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL CITY-ST-ZIP Coral Gables, FL. 33134 Delete TITLE TITLE Change ☐ Addition Carlson, Sharon 2 Albambra Plaza, Suite 1100 Coral Gables, FL. 33134 CARLSON, SHARON NAME NAME 2801 PONCE DE LEON BLVD, STE 1100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORL GBLES, FL CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing 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 trusted empowerer 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 other like empowered. SIGNATURE: RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 02, 2007 8:00 am