2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

TYPED OR PRINTED NAME DRISHING OFFICER OR DIRECTOR

Mar 23, 2006 8:00 am Secretary of State DOCUMENT # P05000098542 03-23-2006 90004 005 ***150.00 GUENDEZ INVESTORS, INC. Principal Place of Business Mailing Address 1670 W. 80TH ST 1670 W. 80TH ST HIALEAH, FL 33014 HIALEAH, FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02222006 Chg-P CR2E034 (11/05) 4. FEI Number 3/48875 Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERNANDEZ INCORPORATE USA, INC. Street Address (P.O. Box Number is Not Acceptable) 3150 SANDY RIDGE DR CLEARWATER, FL 33761 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Defete Addition NAME HERNANDEZ, NANCY NAME 1670 W. 80TH ST STREET ADDRESS STREET ADDRESS HIALEAH, FL 33014 CITY - ST - ZIP CITY-ST-ZIP VP TITLE Delete TITLE ☐ Channe ■ Addition GUERRA, JUAN M NAME NAME 8540 N.W. 8TH ST STREET ADDRESS STREET ADDRESS PEMBROKE PINES, FL 33024 CITY-ST-24P CITY-ST-ZIP TITLE Change ☐ Delete ☐ Addition TITLE NAME HERNANDEZ, ISAAC A NAME STREET ADDRESS 1670 W. 80TH ST STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33014 CHY-ST-ZIP ☐ Delete Change Addition GUERRA, MARITZA L NAME NAME 8540 N.W. 8 TH ST STREET ADDRESS STREET ADDRESS CITY-ST-782 PEMBROKE PINES, FL 33024 CITY-ST-ZIP ☐ Chance ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP City-St-7IP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Hereby 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 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

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