2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F98000002857

1. Entity Name
THE PEEBLES CORPORATION

FILED
07 JUL 20 AM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06252007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
550 BILTMORE WAY STE 970 MIAMI, FL 33134	550 BILTMORE WAY STE 970 MIAMI, FL 33134

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 52-1878092 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEO ☐ Delete	TITLE	CEO/D ☑ Change ☐ Addition
NAME	PEEBLES, R. D	NAME	Peebles, R Donahue
STREET ADDRESS	550 BILTMORE WAY STE 970	STREET ADDRESS	550 Biltmore Way, Suite 970
CITY-ST-ZIP	MIAMI, FL 33134	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	SVP ☐ Delete	TITLE	Director ☐ Change ☑ Addition
NAME	GRIMM, DANIEL H	NAME	Peebles, Katrina
STREET ADDRESS	550 BILTMORE WAY #970	STREET ADDRESS	550 Biltmore Way, Suite 970
CITY-ST-ZIP	MIAMI, FL 33134	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	T ☑ Delete	TITLE	T ☐ Change ☑ Addition
NAME	GASKELL, JUDITH	NAME	Shannon, Karr
STREET ADDRESS	550 BILTMORE WAY #970	STREET ADDRESS	550 Biltmore Way, Suite 970
CITY-ST-ZIP	MIAMI, FL 33134	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	P ☐ Delete	TITLE	P/D ☑ Change ☐ Addition
NAME	HOFFMAN, STUART K	NAME	Hoffman, Stuart K
STREET ADDRESS	550 BILTMORE WAY STE 970	STREET ADDRESS	550 Biltmore Way, Suite 970
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	☐ Delete	TITLE	D ☐ Change ☑ Addition
NAME		NAME	Moore, Lloyd
STREET ADDRESS		STREET ADDRESS	550 Biltmore Way, Suite 970
CITY-ST-ZIP		CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	200108387692
STREET ADDRESS		STREET ADDRESS	08/21/07--01054--011 **61.25
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 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: _____ STUART K. HOFFMAN 6/25/07 305 442 4342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #