2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 28, 2008 8:00 am Secretary of State **DOCUMENT # P05000110037** 04-28-2008 90384 044 ***150.00 1. Entity Name JARADI CORPORATION Principal Place of Business Mailing Address 40086481 8810 FONTAINEBLEAU BLVD #215 8810 FONTAINEBLEAU BLVD #215 MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business - No P.O. Box # 2506 SW - 97H . STREET 2506 SW. 9TH. STREET 04212008 CR2E034 (12/06) Cha-P adar Then 4. FEI Number Applied For 20-3287476 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARAUJO, RAMIRO ARAUJO, RAMIRO F Street Address (P.O. Box Number is Not Acceptable) 8810 FONTAINEBLEAU BLVD #215 MIAMI, FL 33172 2506 SW. 97H. STREET MIAMI 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 age RAMIRO F. ARAUJO SIGNATURE Signature, typed or pented name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPV Change TITLE ☐ Delete TITLE Addition ARAUJO, RAMIRO F NAME NAME ARAUJO, RAMIR STREET ADDRESS 8810 FONTAINEBLEAU BLVD #215 STREET ADDRESS 2506 SW. ATH MIAMI, FL 33172 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS 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 shalt 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. RAMIRO F. ARAUTO

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

FILED