2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 21, 2008 8:00 am Secretary of State **DOCUMENT # 716257** 1. Entity Name 05-21-2008 90023 047 ****70.40 1969 LA SOCIETE DES QUARANTE HOMMES ET HUIT CHEVAUX, GRANDE VOITURE OF FLORIDA Principal Place of Business Mailing Address HUIT CHEVAUX GRAND VOITURE OF FLORIDA 316 S W 25TH STREET 316 S W 25TH STREET FORT LAUDERDALE FL 33315 FORT LAUDERDALE FL 33315 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-6151483 Not Applicable Zio Country Zıp \$8.75 Additional 5. Certificate of Status Desired Rouand Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Same MCINTYRE, WILLIAM E 6800 NW 39TH AVE #362 POMPANO BEACH FL 33073 Street Address (P.O. Box Number is Not Acceptable) City COCON UT CREEK FL Zip Code 33 o 73 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. 4-17-08 DATE SIGNATURE . (NOTE: Registered Agent signabure registed when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Vice President TITLE ☐ Delete Addition MCINTYRE, WILLIAM JOE MOTES MAME NAME D 6800 NW 39TH AVE LOT 362 STREET ADDRESS STREET ADDRESS 2-133 NW 208 TERR CITY ST-ZIP COCONUT CREEK FL 33073 CITY-ST-ZiP Weston, FL 33019 PD TITLE ☐ Delate TITLE ☐ Change ■ Addition MILLER, ED NAME NAME STREET ADDRESS 111 ROYAL PARK DR. #111 STREET ADDRESS OAKLAND PARK FL 33309 CITY-ST-ZIP CITY-ST-ZiP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THIE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: William E. McINTIRU WILL E 4-17/08 954 232 4119

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 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 617, 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.