2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Mar 14, 2008 08:00 A **DOCUMENT # 282557** 1. Entity Name Secretary of State MUECKE-SOBIE UPHOLSTERY LEATHER CO. Principal Place of Business Mailing Adoress 1008 S.W. 8TH STREET 1008 S.W. 8TH STREET **MIAMI FL 33130 MIAMI FL 33130** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-1053208 Not Applicable Zip Country Zin Country \$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 Матіе SOBIE, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 1008 S.W. 8TH STREET MIAMI FL 33130 City 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, typoid or printed warm of registined when Land title. I implicable, (NOTE: Fegistiked Agent empiliare remained when rejinitating) DATE FILE-NOW!!! FEE IS \$150.00 --9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SEC ☐ Derete TITLE ☐ Change ☐ Addition PLOTKIN, IDA NAME NAME U00000858402 1008 SW 8TH ST STREET ADDRESS STREET ADDRESS 04/01/08-80043-024 150.00 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Derete TITLE ☐ Change ☐ Addition NAME SOBIE, ROBERT N NAME STREET ACORESS 1008 SW 8TH ST. STREET ANDRESS CITY-ST-ZIP MIAMI FL CITY-\$1-ZIP TITLE De ete im r ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1046 Derete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Derete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-S1-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 snall 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.

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR