2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

NATURE AND TYPED OF

FILED DOCUMENT # 454069 Feb 11, 2005 08:00 AM 1. Entity Name **Secretary of State** SUB-CENTER MIAMI, INC. Principal Place of Business Mailing Address 19900 N.W. 2 AVENUE MIAMI FL 33169 19900 N.W. 2 AVENUE MIAMI FL 33169 3. Mailing Address 2. Principal Place of Business Suite, Apt, #, etc. Suite, Apt. #, etc. CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-1533707 Not Applicate \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nama BRODBECK, CHARLES L Street Address (P.O. Box Number is Not Acceptable) 3192 RIDGE TRACE FORT LAUDERDALE FL 33328 Zip Code City B. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8 After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Achiiile TITLE Delete TITLE BRODBECK, CHARLES L NAME NAME 3192 RIDGE TRACE STREET ADDRESS STREET ADDRESS DAVIE FL 33328 CITY-ST-ZIP C(U) - S1 - 708 ☐ ¥işinin Change ☐ Delete TITLE 11111 U00000225046 BRODBECK, LESLIE NAME NAME 02/11/05-80023-008 150.00 STREET ADDRESS 3192 RIDGE TRACE STREET ADDRESS CITY-SI-ZIP DAVIE FL 33328 CITY-ST-7IP ☐ Añª™. ☐ Delete ☐ Change DITLE TIFLE MALIF STREE: ADDRESS STREET ADDRESS CiTY+S1+7IP CITY-ST-7/P Addition ☐ Delete ☐ Change me NAME MANAF STREET ADDRESS STREET ADDRESS City-ST-78P CITY-ST-7IP ☐ Delete 🔲 Change ☐ Addita TITLE NAME NAME CIFILET ADDRESS STREET ADDRESS CHTY-ST-ZIP CHY-SI-7IP Addition ☐ Delete TITLE ☐ Chance MILE NAME NAME STREET AOORESS STREET ADDRESS C11Y-S7-7IP CITY-ST-JIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

Charles L Brodbeck