2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 22, 2007 8:00 am **Secretary of State DOCUMENT #470922** 1. Entity Name 01-22-2007 90104 019 ***150.00 HASTINGS & HASTINGS, INC. Mailing Address Principal Place of Business 1001 BRICKELL BAY DR., SUITE 2902 1001 BRICKELL BAY DR., SUITE 2902 MIAMI, FL 33131 MIAMI, FL 33131 lace of Business - No P.O. Box # 3. Mailing Address 01132007 CR2E034 (12/06) Chg-P 4. FEI Number Applied For 59-1569664 Not Applicable \$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 GOLD, ALAN C P.A. Street Address (P.O. Box Number is Not Acceptable) 1501 SUNSET DR 2ND FLOOR CORAL GABLES, FL 33143 City Zip Code FŁ 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE Kleinman Lois J 1201 Bricken Ave Suite 600 KLEINMAN, LOIS J NAME NAME STREET ADDRESS 1001 BRICKELL BAY DRIVE, 29 FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP Miami FL 33131 TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAM# NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 ourstee 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 attackment with an address, with all other like empowered.

FILED