2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR M

FILED Jan 29, 2008 08:00 A Secretary of State **DOCUMENT # 514921 IBILEY MANUFACTURING CORPORATION** Principal Place of Business Mailing Address 1927 WEST FLAGLER STREET 1927 WEST FLAGLER STREET MIAMI, FL 33135 MIAMI, FL 33135 No Chg-P 01222008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1707459 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Talia silikali silikasi A. Walanika milikuwa 6. Name and Address of Current Registered Agent and the second second DO NOT WRITE EFRAIN, VALDES JR 11925 SW 88 CT MIAMI, FL 33176 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10 OFFICERS AND DIRECTORS PD TILLE VALDES, EFRAIN NAME STREET ADDRESS 1927 WEST FLAGLER STREET U00000803760 02/05/08-80038-016 (150:00) CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP This is also as with the distribution of the second MARKET STREET ADDRESS 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 or trustee empty shed 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 empty are red.

NG OFFICER OR DIRECTOR