## 2007 FOR PROFIT CORPORATION

## Feb 16, 2007 8:00 am **Secretary of State ANNUAL REPORT** 02-16-2007 90036 046 \*\*\*150.00 **DOCUMENT # 526217** 1. Entity Name 3101 CORPORATION 40019179 Principal Place of Business Mailing Address 3101 PONCE DE LEON BLVD. 3101-PONCE DE LEON BLVD. CORAL GABLE, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2151 S. Co Jeune AN Suite, Apt. #, etc. Suite, Apt. #, etc. 02022007 Chg-P CR2E034 (12/06) ¥ 204 City & State Applied For 4. FEI Number CONAL GABLES, FT. 59-1878112 Not Applicable Zip Zip 33/34 Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAUSER, CHARLES R Street Address (P.O. Box Number is Not Acceptable) MENDEZ/FERNANDEZ, CPA 3001 PONCE DE LEON, SUITE 203 CORAL GABLES, FL 33134 2151 S. LO JEUNE RE CONAR GABLES 8. The above named entity summits 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 regist red agent CHANCES R. HAUSEN SIGNATURE. Signature, typed or pri 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD TITLE ☐ Delete TITLE Change Addition HAUSER, CHARLES R NAME NAME 2151 S. CE JEUNE PA. HLADY 3001 PONCE DE LEON BLVD. #203 STREET ADDRESS STREET ADDRESS Conor GABLOT, Fr. 33134 CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP MILE Delete TITLE ☐ Addition HAUSER, RICHARD A NAME NAME WISI C. LE JEUNE M. # DOY STREET ADDRESS 3001 PONCE DE LEON BLVD #203 STREET ADDRESS Consa 643187, Fz. 33134 M Change CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE ☐ Defete TITLE KLAIC, KRESIMIR NAME 2151 S. LE JEUNE Na. Hoor STREET ADDRESS \*3001 PONCE DE LEON BLVD #203 STREET ADDRESS CITY - ST - ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing 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 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 appears, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CHY-SI-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHANCES R. HOUSEN

Daytime Phone #

FILED