2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jun 20, 2007 08:00 AM Secretary of State **DOCUMENT # 596877** INDIAN HARDWARE, INC. Principal Place of Business Mailing Address 1226 ALTON ROAD 1226 ALTON ROAD MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 05242007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2003985 Not Applicable \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent OTERO, LUIS ALFREDO DO NOT WRITE 1226 ALTON RD. MIAMI BEACH, FL ABW, FL 33139 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$550.00 Due by September 14, 2007 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE OTERO, LUIS ALFREDO STREET ADDRESS 1226 ALTON RD CITY-ST-ZIP MIAMI BEACH, FL OTERO, ARGELIA U00000766445 STREET ADDRESS 1226 ALTON ROAD 06/20/07-80001-004 150.00 CITY-ST-ZIP MIAMI BEACH, FL ππε NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP DIDE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7P TITLE

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 address, with all other)like impowered.

SIGNATURE: _

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

305-534-9826

FILED

Daytime Phone #