2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

OR PRINTED NAME OF SI

May 05, 2008 8:00 am Secretary of State 05-05-2008 90262 003 ***150.00 **DOCUMENT #682713** 1. Entity Name RALLY MANUFACTURING, INC. 40031013 Principal Place of Business Mailing Address 5255 NW 159TH ST. 5255 NW 159TH ST. MIAMI, FL 33014 MIAMI, FL 33014 3. Mailing Address Confinato Centra Durt 01102008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For 59-2069298 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent KAPLAN, ABBEY L. Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD., SUITE 1970 MIAMI, FL 33131 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CEOS ☐ Delete TITLE TITLE IACOVELLI, MARC RATE CENTER DR NAME NAME STREET ADDRESS 5255 NW 159TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP X Addition Delete TETLE TITLE Change NAME KRUSZEWSKI, TOM NAME te center Dr 5255 NW 159TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP RATE CENTER DR ☐ Delete YODZIO, WAYNE NAME NAME STREET ADDRESS 5255 NW 159TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33014 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE 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 AODRESS CITY - ST - ZIP CITY-ST-7IP 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 empowered.

FILED