2008 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

Jan 25, 2008 8:00 am Secretary of State **DOCUMENT #694740** 01-25-2008 90025 016 ***150.00 DEUTSCH & BLUMBERG, P.A. Principal Place of Business Mailing Address % STEVEN K DEUTSCH % STEVEN K DEUTSCH 100 N BISCAYNE BLVD, STE 2802 100 N BISCAYNE BLVD, STE 2802 MIAMI, FL 33132 MIAMI, FL 33132 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062008 CR2E034 (12/06) City & State Applied For City & State 4. FE! Number 59-2104322 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEUTSCH, STEVEN K Street Address (P.O. Box Number is Not Acceptable) 100 N BISCAYNE BLVD, STE 2802 MIAMI, FL 33132 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstation) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition BLUMBERG, EDWARD R NAME NAME 100 N BISCAYNE BLVD SUITE 2802 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132, CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME DEUTSCH, STEVEN K NAME 100 N BISCAYNE BLVD SUITE 2802 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP 33132 ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z:P CITY-ST-ZIP TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

Change

☐ Addition

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 employered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an an accorptance of trustee employers and the corporation of the corporation of the receiver or trustee employers.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

Steven K. Deutsch VP