2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 28, 2008 8:00 am Secretary of State **DOCUMENT # 703782** 1. Entity Name 08-28-2008 90001 024 ****61.25 PENN ELEVEN CO., INC. Principal Place of Business Mailing Address 1060 PENNSYLVANIA AVE. 1060 PENNSYLVANIA AVE. MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/08) Applied For City & State City & State 4. FEI Number 59-1022074 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLLINS, CHARLES Street Address (P.O. Box Number is Not Acceptable) 1060 PENN AVE. MIAMI BEACH FL 33139 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, typed or printed name of registered agent and tille if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By September 3, 2008 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition COLLINS, CHARLES NAME NAME 1060 PENN, AVE APT #1 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP TIT) F Change TITLE Delete ■ Addition MARSHALL, PETER NAME NAME STREET ADDRESS 1050 PENN AVE APT #23 STREET ADDRESS MIAMI BCH FL 33139 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition RIVAS, JOSE R NAME Richard STREET ADDRESS 1060 PENN, AVE #4 STREET ADDRESS 1060 Penn CITY-ST-ZIP MIAMI BCH, FL 33139 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME GRIFFIS, MARGARET NAME Albert J. 1050 Penn. Johnsen STREET ADDRESS 1050 PENN AVE APT #8 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE COHEN, JUDITH NAME NAME 1060 PENN AVE., #5 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition WALWER, DALE NAME 1050 PENN AVE APT #26 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 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 617, 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. 786-547-9807

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