2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 12, 2008
Secretary of State

DOCUMENT# 749189

Entity Name: AIROJEN CENTER, INC.

Current Principal Place of Business:

9735 E FERN STREET
MIAMI, FL 33157

New Principal Place of Business:

9735 E. FERN STREET
MIAMI, FL 33157

Current Mailing Address:

9735 E FERN STREET
MIAMI, FL 33157

New Mailing Address:

9735 E. FERN STREET
MIAMI, FL 33157

FEI Number: 59-2013847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUIZ, ROBERTO M.D.
5704 SW 131 TERR
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

RUIZ, ROBERTO M.D.
5704 S.W. 131 TERRACE
MIAMI, FL 33156 US

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.

SIGNATURE: _____ 08/12/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: LA FONT, AILEEN,
Address: 14212 S.W 30 ST
City-St-Zip: MIAMI, FL 33175

Title: PD ( ) Delete
Name: RUIZ, ROBERTO SR.,
Address: 5704 SW 131 TERR
City-St-Zip: MIAMI, FL 33156

Title: D (X) Delete
Name: RUIZ, JENNIFER,
Address: 5704 SW 131 TERR
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RUIZ, ROBERTO SR.
Address: 5704 S.W. 131 TERRACE
City-St-Zip: MIAMI, FL 33156

Title: TD (X) Change ( ) Addition
Name: RUIZ, ROBERTO SR.
Address: 5704 S.W. 131 TERRACE
City-St-Zip: MIAMI, FL 33156

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUIZ, ROBERTO SR. PD 08/12/2008
Electronic Signature of Signing Officer or Director — Date