2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCMMENT # F03000005235 FILED THE DELAWARE ESCROW COMPANY 08 SEP 22 PH 1: 00 TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 601 S. 10TH ST 601 S. 10TH ST SUITE 107 SUITE 107 LAS VEGAS, NV 89101 LAS VEGAS, NV 89101 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2 South Biscayne Blvd <u> 2 South Biscayne Blyd</u> Suite, Apt. #, etc 09182008 CR2E034 (12/06) Chg-P 21st Floor 21st Floor City & State City & State 4. FEI Number Applied For Miami. 51-0382821 Not Applicable Miami, FL \$8.75 Additional Country Zip Country 5. Certificate of Status Desired USA 33131 USA 33131 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent B & C Corporate Services, STILLMAN, L. VAN Street Address (P.O. Box Number is Not Acceptable) 1177 GEORGE BUSH BLVD. **STE 308** DELRAY BEACH, FL 33483 South Biscayne Blvd., 21st Floor Zip Code 33131 City Miami 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 ager 9119108 Jus co SIGNATURE name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIITE ☐ Change 🙀 Addition Detete TITLE METZ, MARY ANN NAME NAME Daniel S. Newman 4270 VERONA AVE 2 South Biscayne Blvd., 21st Fl. STREET ADDRESS STREET ADDRESS Miami, Florida CITY-ST-ZIP LAS VEGAS, NV 89120 CITY-ST-7IP 33131 Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME 300136255763 09/23/08--01031--005 **61 STREET ADDRESS STREET ADDRESS **61. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director exempte this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with his filin indicated on this report or supple of the corporation or the receiver mental report is or trustee empt changed, or on an attachment an address empowered Receiver 09/18/08 305-373-9400 SIGNATURE:

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR