2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2012
Secretary of State

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Entity Name: SB MIRACLE REALTY CORP.

Current Principal Place of Business:

4000 PONCE DE LEON BLVD. SUITE 420
C/O THE TALISMAN COMPANIES INC.
CORAL GABLES, FL 33146

New Principal Place of Business:

355 ALHAMBRA CIRCLE
SUITE 1250
CORAL GABLES, FL 33134

Current Mailing Address:

4000 PONCE DE LEON BLVD. SUITE 420
C/O THE TALISMAN COMPANIES INC.
CORAL GABLES, FL 33146

New Mailing Address:

355 ALHAMBRA CIRCLE
SUITE 1250
CORAL GABLES, FL 33134

FEI Number: 20-3955571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAESON, ROBERT W
4000 PONCE DE LEON BLVD. SUITE 420
C/O THE TALISMAN COMPANIES INC.
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

CLAESON, ROBERT W
355 ALHAMBRA CIRCLE
SUITE 1250
CORAL GABLES, FL 33134 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: _____ 04/03/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CP
Name: SCHLESINGER, JAMES A
Address: 355 ALHAMBRA CIRCLE, SUITE # 1250
City-St-Zip: CORAL GABLES, FL 33134

Title: VS
Name: CLAESON, ROBERT W
Address: 355 ALHAMBRA CIRCLE, SUITE # 1250
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES A. SCHLESINGER P 04/03/2012
Electronic Signature of Signing Officer or Director — Date