2008 FOR PROFIT CORPORATION

Apr 02, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT #F07771 1. Entity Name 04-02-2008 90025 030 ***150.00 INTERNATIONAL PROJECTOR CO., INC. Principal Place of Business Mailing Address 5600 NW 32 AVE 5600 NW 32 AVE MIAMI, FL 33142 MIAMI, FL 33142 US 2. Principal Place of Business - No P.O. Box # 1998 NE 150th Suite, Apt. #, etc. 01232008 Chg-P CR2E034 (12/06) Applied For 4. FEI Number 65-0510567 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pasternaca MARSHALL, PASTERNACK R Box Number is Not Acceptable) 2500 FIRST UNION FINANCE CENTER MIAMI, FL 33131 2500 Zip Code **3 3 / 3** City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE □ Delete KRAMS, STEVEN NAME NAME STREET ADDRESS 5600 NW 32 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-ZIP Delete TITLE TITLE KAUFMAN, BARNEY NAME NAMÉ 5600 NW 32 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP MIAMI, FL 33142 ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-S -ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information surplied with this firing 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 tristed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with the address. With those removered. 12. I hereby certify that the information sup

FILED

Steven Krams 7/26/08 305-573-7339 SIGNATURE: __ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT