2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 28, 2008 08:00 Al DOCUMENT # F57891 Secretary of State 1. Entity Name KENNETH DIDONATO, INC. Principal Place of Business Mailing Address 2212 HOLLYWOOD BLVD HOLLYWOOD FL 33020 2212 HOLLYWOOD BLVD HOLLYWOOD FL 33020 2. Principal Place of Business - No F.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-2148167 Not Applicable Zip Country Zio Country \$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 DIDONATO, KENNETH Street Address (P.O. Box Number is Not Acceptable) 4305 VAN BUREN STREET HOLLYWOOD FL 33021 City 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. SIGNATURE. Signature, typed or primod name of registered agent and the Tumplicatie. (NOTE Registered Agant eignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TIT: F Change ☐ Addition ☐ Defete TITLE NAME DIDONATO, KENNETH NAME STREET ADDRESS 4305 VAN BUREN STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 00000 CITY-ST-ZIP ☐ Dolete ☐ Change ☐ Addition TITLE TITLE NAME HAME 02/05/08-80010-016 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST- 7P ☐ Delete TITE F TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE Delete TITLL ☐ Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-S1-ZIP TITLE ☐ Deiete TITLE ☐ Change Addition

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 efficer 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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CENNETH DIDONATO, PRESIDENT 1/24/08 (954)923-2685

☐ Change

Addition