2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 08:00 AM Secretary of State DOCUMENT #F86148 1. Entity Name SABRINA ALEXANDRIA INCORPORATED Principal Place of Business Mailing Address 10999 BISCAYNE BLVD. 400 N PINE ISLAND RD NORTH MIAMI, FL 33161 PLANTATION, FL 33324 03022006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2201726 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STAUB, MARIA DO NOT WRITE 10999 BISCAYNE BLVD. MIAMI, FL 33161 IN THIS SPACE 3. 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE. DATE Stormture, two-cd or printed name of reprinted exect each title if sensicable. (NOTE: Progestored Agent signature required when reinstalling) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE STAUB, MARIA NAME STREET ADDRESS 10999 BISCAYNE BLVD. CITY-ST-ZIP MIAMI, FL 33161 1100000497990 04/14/06-80017-022 150.00 NAME STREET ADDRESS CHY-ST-77 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TITLE NAME STREET ADDRESS CTY-ST-27 me MARK STREET ADDRESS CITY-ST-ZP

12. I hereby certify that the information supplied with this filling 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 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.

SIGNATURE:

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SIDET ADDRESS

GER OR DIRECTOR