## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

## Secretary of State DOCUMENT # F96000001956 03-10-2008 90076 015 \*\*\*150.00 1. Entity Name 46 AVENIDA MENENDEZ, INC. Principal Place of Business Mailing Address 40042462 44 AVENIDA MENENDEZ 46 AVENIDA MENENDEZ ST ST AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 32084 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 03032008 Chg-P CR2E034 (12/06) Applied For 4. FEI Number City & State City & State 63-1168067 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARBIZZANI ARBIZZANI, L. JOHN (P.O. Box Number is Not Acceptable) VENIDA MENENDE Z 409 PORPOISE POINT DR ST AUGUSTINE, FL 32080 32684 AUGUSTINE 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 register (NOTE: Registered Agent signature required when reinstating) inted name of registered agent and title if applicable. 9. Election Campaign Financings \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE TITLE Delete ARBIZZANI, L. John ARBIZZANI, L. JOHN NAME NAME 44 AVENIDA MENENDEZ STREET ADDRESS STREET ADDRESS 409 PORPOISE POINT DR ST. AUGUSTINE, FL. 32084 ST AUGUSTINE, FL 32084 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE **X** Delete VOGWILL, ALICE J NAME NAME 8295 PADGETT SWITCH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IRVINGTON, AL 36544 Addition TITLE Delete TITLE Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME IS TO BERT OF THE SAME OF THE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 it 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 it changed, or on an attachment with an officer with all other like empowered.

John ARBIZZANI 3.4.08 904.829.5578

FILED Mar 10, 2008 8:00 am