2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90324 027 ***158.75 DOCUMENT # G22848 1. Entity Name DALTON IMPORT & EXPORT, INC. BOTO NEW C6 ST. MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 04082008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2280218 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUBIO, GUILLERMO A RUBIO, GUILLERMO A. 11019 S.W. 148 CT. Street Address (P.O. Box Number is Not Acceptable) 8050 NW 66 ST MIAMI; FL 93196 MIAMI FL 33166 City Zip Code FL 8. The above named entity submits this statement of the purpose of changing its registred 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 (NO € Registered Agent signature regulared when reinstating) 9. Election Campaign Financing \$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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 51 Change Addition TITLE Delete TITLE RUDID, GUIllermo A 8050 NW 66 St. RUBIO, GUILLERMO A. NAME NAME STREET ADDRESS 11019 S.W. 148 CT. STREET ADDRESS MIAMI, FL CHY-ST-ZIP CITY-ST-ZIP MICH : FL 33166 ☐ Delete HITLE ☐ Change ☐ Addition THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIBLE Change ■ Addition HILE NAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP HILE ☐ Delete TITLE ☐ Change Addition NAMŁ NAME STREET ADDRESS STREET ADDRESS

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 repower 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 true empowered to execute this rybot 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 the empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR