2007 FOR PROFIT CORPORATION ANNUAL REPORT

07-25-2007 90047 021 ***150.00 **DOCUMENT # G82498** 1. Entity Name **FUNAIR CORPORATION** 40127118 Principal Place of Business Mailing Address 10800 BISCAYNE BLVD, STE 950 10800 BISCAYNE BLVD, STE 950 MIAMI, FL 33161 MIAMI, FL 33161 US 07162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2389592 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VAINDER, ERIC J DO NOT WRITE 700 BRICKELL AVENUE MIAMI, FL 33131 IN THIS SPACE 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 Fionda. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TILE LYNCH, STEPHEN A III NAME 700 BRICKELL AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE JOYCE, EDWARD J NAME 700 BRICKELL AVENUE STREET ADORESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME BARICH, RANDALL J 700 BRICKELL AVENUE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33131 IN THIS SPACE TITLE VAINDER, ERIC J NAME 700 BRICKELL AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME

12. Thereby 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

STURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/07

(3-5)891-0017

FILED Jul 25, 2007 8:00 am Secretary of State