2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 04, 2006 08:00 AM Secretary of State DOCUMENT # H53799 t. Entity Name MIAMI BROKERS, INC. Principal Place of Business Mailing Address 1356 SW 8TH STREET 1356 SW 8TH STREET #204 MIAMI FL 33135 #204 MIAMI FL 33135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FE) Number 59-2591985 Not Applicable Country \$8.75 Additional Zip Zia Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAISMAN, DANIEL Street Address (P.O. Box Number is Not Acceptable) 1356 SW 8TH STREET, #204 MIAMI FL 33135 Cky Zip Code FI 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 proled name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) DATE FILE NOWILL FEE IS \$150.00 \$5.00 May Be After May 1, 2005 Fee Will Be \$550,00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change Addiilon ☐ Detete TITLE HILE NAME VAISMAN, DANIEL MAME 000000492145 04/19/08-80054-803 150.00 STREET ADDRESS STREET ADORESS 1356 SW 8TH STREET #204 CITY-ST-ZiP MIAMI FL 33135 CITY-ST-ZIP Andrew . ☐ Defete Change TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Delete Change Material HILE MILE NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7/P ☐ Change T Address TITLE Defete KILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Activiti TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP Access. Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP I hereby certify that the information supplied with this liting does not quality 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 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 attachingnit with an address, with all other like empowered.

DANIEL VAISMAN

FILED

3/27/06 (305)773-0168