2008 FOR PROFIT CORPORATION

ANNUAL REPORT **DOCUMENT # H67799** FILED 1. Entity Name MUSTANG CORPORATION Jul 11, 2008 08:00 AM **Secretary of State** Principal Place of Business Mailing Address 4442 SEA GRAPE DR 4442 SEA GRAPE DR. LAUDERDALE BY THE SEA, FL 33308 US SUITE 200 FORT LAUDERDALE, FL 33308 US 07082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2553380 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIGUEL, SAM M DO NOT WRITE 4442 SEAGRAPE DR. SUITE 200 IN THIS SPACE FORT LAUDERDALE, FL 33308 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. U000000954341 07/11/08-80009-015 150.00 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 10. OFFICERS AND DIRECTORS TITLE NAME CAVENG, PHILIPPE 255 COMMERCIAL BLVD SUITE 200 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 TS NAME CAVENG, FRANCOISE STREET ADDRESS 255 COMMERCIAL BLVD SUITE 200 CITY-ST-ZIP FORT LAUDERDALE, FL 33308 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS 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 if made under eath; that I am an officer or director of the corporation or the receiver or profile 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

CICMATURE.

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