Apr 21, 2008 8:00 am Secretary of State 2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # J56585 04-21-2008 90066 044 ***150.00 1. Entity Name FRAGRA INVESTMENTS, INC. Principal Place of Business Mailing Address 4701 NW 79TH AVENUE 4701 NW 79TH AVENUE MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business - No P.O. Box # 3. Mailing Address TSSATZ TRIC WE 19841 TESTE IN TIGHT Suite, Apt. #, etc. Suite, Apt. #, etc 04192008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2785801 MIRMI Not Applicable MINHI Country Country \$8.75 Additional 5. Certificate of Status Desired 3193 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRANDE, FRANK A Street Address (P.O. Box Number is Not Acceptable) 14891 SW 71ST MIAMI, FL 33193 Zip Code City 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 printed name of registered agent and title it applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete ☐ Change Addition TITLE TITLE NAME GRANDE, FRANK A NAME 14891 SW 71ST STREET ADORESS STREET ADDRESS MIAMI, FL 33193 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition GRANDE, FRANCINE NAME NAME STREET ADDRESS 14891 SW 71ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33193 CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 ecute 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, which all lifer like empowered.

A. CRAUDE

FRAHK

TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

75EH 218 70E

Daytime Phone #