2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # J95861 01-30-2008 90028 033 ***150.00 1. Entity Name TECTONICS ASSOCIATES, INC. Principal Place of Business Mailing Address 40013592 8358 WEST OAKLAND PARK BLVD. 8358 WEST OAKLAND PARK BLVD. SUITE 102 SUITE 102 SUNRISE, FL 33351 SUNRISE, FL 33351 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 10224 NW 46TH STREET 10224 NW 46 TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 01252008 CR2E034 (12/06) Cha-P 4 FEI Number Applied For City & State City & State 65-0016364 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33351-7902 33351-79az USA usa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMOS, JOSE Street Address (P.O. Box Number is Not Acceptable) 8358 WEST OAKLAND PARK BLVD 10224 NW 46TH STREET SUITE 102 SUNRISE, FL 33351 SUNRISE 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. CPT Change ☐ Addition TITLE Delete TITLE RAMOS, JOSE NAME 10224 NW 46 TH STREET STREET ADDRESS 8358 W. OAKLAND PARK BLVD, SUITE 102 STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33351 CITY-ST-ZIP SUNRISE FL 33351 VSD Delete TITLE Change ■ Addition TITLE RAMOS, DAVID NAME STREET ADDRESS 8358 W. OAKLAND PARK BLVD, SUITE 102 STREET ADDRESS 10224 NW 46TH STREET CITY-ST-ZIP SUNRISE, FL 33351 CITY-ST-ZIP SUNRISE FL 33351 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ■ Addition Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 oath; that I am an officer or director of the corporation or the receiver of 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 all other like empowered. changed, or on an attachmen

FILED Jan 30, 2008 8:00 am

954-572-8590