2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 01-11-2007 90049 026 ***150.00 DOCUMENT #K71149 ARRAY CONNECTOR CORPORATION 40001301 Principal Place of Business Mailing Address 12555 S W 130TH ST 12555 S W 130TH ST MIAMI, FL 33186 MIAMI, FL 33186 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 12400-8 Suite, Apt #, etc Suite, Apt. #, etc. 01042007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For FL. 65-0111115 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired MAMI-DADE MIAML BABE 38186 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCPHERSON, WILLIAM C III Street Address (P.O. Box Number is Not Acceptable) 12555 SW 130TH ST. MIAMI, FL 33186 23°24' & 6 MIRMI 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 if applicable (NOTE: Registered Agent signature required when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Change ☐ Addition TITLE TITLE MCPHERSON, WILLIAM NAME 184 COURT S KNOLL LANE STREET ADDRESS STREET ADDRESS 3718G CITY-ST-ZIP KEY LARGO, FL 33037-CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition MCPHERSON, NANCY NAME NAME SW 134 COURT STREET ADDRESS **3 KNOLL LANE** STREET ADDRESS CITY-ST-ZIP KEY LARGO, FL: 99097 CITY-ST-ZIP Change CFO Addition Defete TITLE TITLE SILVERBERG, DAN NAME SW 134 COURT 12555 CW 120 CT STREET ADDRESS STREET ADDRESS FL. 33186 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL. 33186 Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE Delete TITLE Change NAME MAME STREET ADDRESS STREET ADDRESS

filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information e and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director red to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied wi indicated on this report of supplemental report of the corporation or the receiver or trustee em ormation supplied with changed, or on an atta

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Addition

FILED Jan 11, 2007 8:00 am