2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered

STED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # K84581 Apr 25, 2006 08:00 AN Secretary of State 1. Entity Name ZIMAR INTERNATIONAL, INC. Principal Place of Business Mailing Address 2090 S.W. 71ST TER. 2090 S.W. 71ST TER. BLDG. 6 DAVIE FL 33317 BLDG. 6 DAVIE FL 33317 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 65-0152923 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALEGRE, JOSE Street Address (P.O. Box Number is Not Acceptable) 2090 S.W. 71ST TER. BLDG, 6 DAVIE FL 33317 City Zip Code 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 d litle it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Adonio Change TITLE ☐ Delete TITLE ALEGRE, JOSE NAME NAME U00000532947 05/06/06-80104-012 150.00 STREET ADDRESS STREET ADDRESS 2090 S.W. 71ST TER. CITY-ST-73P **DAVIE FL 33317** CITY-ST-ZIP ☐ Delete ☐ Change Addition me TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 718 CHY-ST-ZIP Addition Addition Channe THE F Delete THE NAME NAME STREET ADDRESS STREET ADDRESS OUTY-ST-70P CITY-ST-7IP Detete TITLE TITLE ☐ Change ☐ A.i. NAME NAME STREET ADDRESS STREET ADDRESS C)TY-ST-ZIP CITY-SI-7IP Addition Addition TITLE ☐ Delete TITLE ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Citty - ST - ZiP ☐ AdJII ME Delete BILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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 direct 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 1

4/21/06 (954)424-384