2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 08:00 A Secretary of State DOCUMENT # K95727 1. Entity Name 3700 SO. DIXIE, INC. Principal Place of Business Mailing Address 2111 NOTRE DAME DRIVE 2111 NOTRE DAME DRIVE LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 US 02042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1033852 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LEVY, ROBERT S. 1655 PALM BEACH LAKES BLVD. FORUM III, SUITE 502 IN THIS SPACE WEST PALM BEACH, FL 33401 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) 10.50 DATE U000000860732 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 04/02/08-80073-018 150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME DEJAHAM, ALAIN STREET ADDRESS 2111 NOTRE DAME DRIVE CITY-S1-ZIP LAKE WORTH, FL 33460 TITLE NAME SEIGNER, GERTRUDE STREET ADDRESS 2111 NORTRE DAME DRIVE CITY-ST-ZIP LAKE WORTH, FL 33460 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 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 oath; that I am an officer or director 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

IHHAM

3-13-08(561)

1) SBS-49S