2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 05, 2008 8:00 am Secretary of State DOCUMENT #L03000040969 05-05-2008 90028 045 ***138.75 1 & Y, L.L.C. Principal Place of Business Mailing Address 2238 SW 34TH, STREET 2238 SW 34RH, STREET 60038665 FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 3. Mailing Address 2. Principal Place of Business - No P.O. Box 05012008 CR2E083 (12/06) City & State 4. FEI Number Applied For 45-0532903 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PINCHAS, YARON Street Address (P.O. Box Number is Not Acceptable) 2238 S.W. 34TH STREET 7 W. Sample FORT LAUDERDALE, FL 33312 Springs 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. egistered agent and title if applicable FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM TITLE ☐ Delete TITLE MGRM RIZER, ISHAC NAME NAME Rizer, Ishac 7857 W. S. Ample Rd-Ste#151 CORAI Springs, FL 33065 STREET ADDRESS **2238 SW 34TH. STREET** STREET ADDRESS FORT LAUDERDALE, FL 33312 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ■ Addition TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X June

YGRON PINCHOS 5/1/08 (954)600-2009
ED REPRESENTATIVE Dale Daysine Prone #

FILED