2006 LIMITED LIABILITY COMPANY

Apr 05, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L05000077390 04-05-2006 90022 043 ****50.00 1. Entity Name O.E.S INVESTMENTS, LLC Principal Place of Business Mailing Address ~~~~~~~ 1050 NW 125TH AVE. 1050 NW 125TH AVE. SUNRISE, FL 33323 SUNRISE, FL 33323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302006 CR2E083 (11/05) Chg-LLC City & State City & State Applied For 4. FEI Number, Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMHON, EDI 1050 NW 125TH AVE. Street Address (P.O. Box Number is Not Acceptable) SUNRISE, FL 33323 City Zip Code FI 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 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR TITLE TITLE ☐ Delete ☐ Change Addition SIMHON, EDI NAME NAME STREET ADDRESS 1050 NW 125TH AVE. STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33323 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SIMHON, OFRA NAME STREET ADDRESS 1050 NW 125TH AVE. STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33323 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

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CITY-ST-7IP

SIGNATURE: SIGNATURE and typed obstrinted name of stigning managing member, manager, or authorized representative Date Daytime Phone #