2008 FOR PROFIT CORPORATION

Apr 24, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L28076 04-24-2008 90093 011 ***150.00 1. Entity Name BELVADO PROPERTIES, INC. 20010000 Principal Place of Business Mailing Address 6301 COLLINS AVENUE, UNIT 1401 PO BOX 348082 MIAMI BEACH, FL 33141 MIAMI, FL 33234 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2121 Ponce de Leon Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. 04222008 Cha-P CR2E034 (12/06) 950 City & State City & State 4. FEI Number Applied For Coral Gables. Florida 65-0158975 Not Applicable Zip Country Country \$8.75 Additional Fee Required Zip 5. Certificate of Status Desired П <u> 33134</u> US 6. Namé and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Jose A. Bolanos BOLANOS, JOSE A Street Address (P.O. Box Number is Not Acceptable) . 2121 Ponce de Leon Blvd 2121 PONCE DE LEON BLVD Suite 950 CORAL GABLES, FL 33134 City Coral Gables 8. The above named enlity submits the 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 ano) April 22. SIGNATURE 2008 (NOTE: Registered Agent signature required when reinstating) s, typed or printed name of registered agent and hits if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition GARCIA, VICENTE NAME NAME STREET ADDRESS 6301 COLLINS AVENUE, UNIT 1401 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE DEL VADO, JOSEFA NAME NAME STREET ADDRESS 6301 COLLINS AVENUE, UNIT 1401 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP VPST TITLE ☐ Defete TITLE Change Addition NAME GARCIA, ELENA NAME STREET ADDRESS 6301 COLLINS AVENUE, UNIT 1401 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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 CITY-ST-ZIP CITY-S1-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 propowered 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 protein the empowered.

SIGNATURE:

April 22, 2008

(305)567 - 0424

Daytene Phone #

FILED