2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # M42553** 1. Entity Name 04-30-2007 90453 046 ***150.00 D'ROBALY, INC. Principal Place of Business Mailing Address 9600 SW 8TH STREET 9600 SW 8TH STREET STE. 6 STE. 6 MIAMI, FL 33174 MIAMI, FL 33174 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052007 CR2E034 (12/06) Chg-P 4. FEI Number Applied For City & State City & State 65-0111837 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ABDALA, ALICIA Box Number is Not Acceptable 2550 NW 24TH CT MIAMI, FL 33142 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 THE <section-header> Delete TITLE VIVIAM MESA ABDALA, ALICIA NAME NAME 112535W2UTerr MIAMI FI 33/65 STREET ADDRESS 2550 NW 24TH CT STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-7IP OLALYS MANSO Change [651 N.W. 82 AVE APT 117 ☐ Delete TITLE TITLE MESA, VIVIAN NAME NAME STREET ADDRESS 4320 N.W. 11TH STREET STREET ADDRESS MIAMI F1. 33126 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL Change ☐ Delete TITI F ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-S1-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITI F ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS 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 ap address, with all other like empowered. SIGNATURE:

FILED