2007 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # M62348** 1. Entity Name WASHINGTON GARDENS, INC.

FILED Apr 11, 2007 08:00 A Secretary of State

| | | | A THE | | | | | | |
|--|--|---|-------------------------|--------------------|---------------------------|-------------------------|-------------|--|--|
| Principal Place of Business Mailing Address 1228 ALTON ROAD 1228 ALTON ROAD MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139 U | | | us | - - - | | | | | |
| DO NOT WRITE IN THIS SPACE 02082007 No Chg-P CR2E034 (11/05) | | | | | | | | | |
| | Signature, typed or printed name of registered ager | nt and little if applicable. (NOTE: Replace) 8. Election Campaign Fina | ed Agent signature requ | 5.00 May Be | | DATE | | | |
| After Ma | PD P NOWIII FEE IS \$150.00 P 1, 2007 Fee will be \$550 OFFICERS ANI | .00 Trust Fund Contribution. | | dded to Fees | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | RESNICK, SARA 1228 ALTON RD MIAMI BEACH, FL 33139 SD RESNICK, JAMES | | | | U00000 04/20/07-1 | 700138 80006-006 | 150.00 | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1228 ALTON ROAD MIAMI BEACH, FL | | | DO | NOT WI | RITE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | THIS SP | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby c | ertify that the information supplied with the report or supplied with the report of su | th this filling does not qualify for the exist rue and securate and that my signs | comptions contain | ned in Chapter 115 | o, Florida Statutes, I fu | urther certify that the | information | | |

of the corporation or the receiver of 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: _ | | JAUGS K | ESMU | 3-70-07 | |
|--------------|-------------------------------|--------------------------------|--------|---------|-----------------|
| | SIGNATURE AND TYPED OR PRINTE | D NAME OF BIGHING OFFICER OR D | RECTOR | Date | Daytime Phone # |