2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# N04000000595

Entity Name: CNAD OF FLORIDA, INC.

Current Principal Place of Business:

16610 SADDLE CLUB RD STE 3
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

16610 SADDLE CLUB RD STE 3
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-2568730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PINZON, MAGDALENA MRS
2900 GLADES CIRCLE
SUITE 750
WESTON, FL 33327 US

Name and Address of New Registered Agent:

KABA CONSULTING INC
214 E WASHINGTON ST
SUITE A
MINNEOLA, FL 34715 US

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.

SIGNATURE: ALEJANDRO KABA 04/25/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LEAL, JAIME
Address: 2900 GLADES CIRCLE, SUITE 750
City-St-Zip: WESTON, FL 33327

Title: V ( ) Delete
Name: CORRIGAN, JOHN
Address: 16610 SADDLE CLUB RD STE 3
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: DIAZ MASVIDAL, ADRIANA
Address: 16610 SADDLE CLUB RD STE 3
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete
Name: TORRES, JULIO
Address: 1349 MAJESTY
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete
Name: LONDOÑO, NOHRA E
Address: 10421 OLD CUTLER RD APT. 103
City-St-Zip: MIAMI, FL 33190

Title: D ( ) Delete
Name: PINZON, MAGDALENA S
Address: 2647 CENTER COURT DR.
City-St-Zip: WESTON, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAIME LEAL P 04/25/2007
Electronic Signature of Signing Officer or Director — Date