2007 NOT-FOR-PROFIT CORPORATION

Feb 27, 2007 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # N18635 02-27-2007 90009 011 ****61.25 VILLAGE BANK CENTER, INC. Mailing Address Principal Place of Business 10556 NW 26 ST. 2100 W 76TH STREET SUITE #500 ~~~~~~~ 203 MIAMI, FL 33172 HIALEAH, FL 33016 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152007 Chg-NP CR2E037 (12/06) City & State Applied For City & State 4. FEI Numbe 65-0034981 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIZRAHI, KALPH 2100 W 76TH ST Street Address (P.O. Box Number is Not Acceptable) **STE 305** HIALEAH, FL 33016 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filling Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TD Delete TITLE ☐ Change ☐ Addition MIZRAHI, RALPH NAME STREET ADDRESS 2100 W 76 ST., STE. 304 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition RODRIGUEZ, JUAN NAME NAME STREET ADDRESS 2100 W 76 STREET #512 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition ROS, MARIA NAME STREET ADORESS 2100 WEST 76TH ST 2ND FLOOR STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition PARADELA, RUBEN NAME NAME STREET ADDRESS 2100 W 76 ST., STE. 101 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 CITY-ST-ZIP TITLE Delete TITLE Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP

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12. Thereby certify that the information supplied with this filling 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 617, 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 Daytrne Phone #