2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # N31022 Feb 07, 2008 08:00 AN 1. Entity Name Secretary of State CAMP FIESTA, INC. Principal Piace of Business Mailing Address 2750 N.E. 183RD STREET 2750 N.E. 183RD STREET T-1508 T-1508 NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 65-0113244 Not Applicable Zip Country Zip 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 KLEIN, LEE Street Address (P.O. Box Number is Not Acceptable) 2750 N.E. 183RD STREET T1508 NORTH MIAMI BEACH FL 33160 City Zıp 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 Fiorioa. I am familiar with, and accept the obligations of registered agent. IGNATURE Signature, lypod or annued name of registered agent and the ill approach a (NOTE: Registered Agont signature required when reinstating). DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE TITLE Delete Change KLEIN, LEE NAME NAME U00000819038 2750 N.E. 183RD STREET STREET ADDRESS STREET ADDRESS 02/15/08-80067-003 61.25 CITY-ST-ZIP N. MIAMI BEACH FL 33160 CITY-ST-7/P VTD TITLE ☐ Delote ☐ Change TIT: F Addition PODVIN, ERMA NAME NAME 423 30TH STREET STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY- ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change no:tibbA [NAME BOGORFF, TOBY NAME 11001 S.W. 27TH ST. STREET ADDRESS STREET ADDRESS DAVIE FL 33328 CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete HILL ☐ Change ☐ Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 altachment with an address, with all other like empowered.

SIGNATURE:

ellun LEEKLEIN

25/08 (305) 932-1606