2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # N98000003942 1. Entity Name PROFIT, INC. 09 APR -3 PM 1: 11 Principal Place of Business Mailing Address 7050 W 2ND LN 7050 W 2ND LN MIAMI, FL 33014 MIAMI, FL 33014 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012009 Chg-NP CR2E037 (11/08) City & State City & State 4. FEI Number Applied For 59-1312727 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WAUD, DAVID C 7050 W 2ND LN Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33014 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2009 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Change ☐ Addition TITLE Delete NAME BRIGGLE, JOSEPH NAME 100148557451 04/03/09--01022--027 **70 STREET ADDRESS 368 SEVILLA AVE STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP **70.00 Delete TITLE TITLE Change Addition NAME LANCE, JERRY NAME STREET ADDRESS 248 NE 59TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137 CITY_ST_7IP TITLE ☐ Delete TITLE Change ☐ Addition LLANES, JOSEPH NAME NAME STREET AODRESS 10301 S DIXIE HWY, STE, 300 STREET ADDRESS CITY+ST-ZIP PINECREST, FL 33156 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition BURKE, DONNIE NAME NAME STREET ADDRESS 3880 N 28TH TERR STREET ADDRESS HOLLYWOOD, FL 33020 CITY-ST-7/P CITY - ST - ZIP Delete THLE TITLE **___C**hange ☐ Addition NAME SMITH, MIKE NAME sutta, mike STREET ADDRESS 19230 SW 93 ROAD STREET ADDRESS MIAMI, FL 33157 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition RYAN, WILLIAM "BILL" NAME NAME STREET ADDRESS 17643 SW 85 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 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 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.

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Daytene Phone #

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: