2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

FILED DOCUMENT # P00000012829 Feb 12, 2007 08:00 AM Secretary of State PALMETTO INDUSTRIAL PARK, INC. Principal Place of Business Mailing Address 11400 WEST FLAGLER STREET 11400 WEST FLAGLER STREET SUITE 202 SUITE 202 **MIAMI FL 33174 MIAMI FL 33174** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-0986296 Not Applicable Zıp Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANTOYO, JULIO Street Address (P.O. Box Number is Not Acceptable) 11400 WEST FLAGLER STREET **SUITE 202 MIAMI FL 33174** Zip Codo 8. The above named entity submits this statement for the purpose of changing its registered effice 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 little in applicable (NOTI: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PSTD HILLE. Delete ☐ Change Addition TITLE SANTOYO, JULIO U00000633075 NAMI NAME 11400 WEST FLAGLER STREET, SUITE 202 02/21/07-80047-025 150.00 STREET ADDRESS STREET ADORESS **MIAMI FL 33174** CHY-ST-ZIP CITY SI-ZIP Delete □ Change ☐ Addition NAME NAM STREET ADDRESS STREET ADORESS CITY-S1-ZIP CHY-SI-ZIP Defete ☐ Change ■ Addition HTLF NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP ☐ Change Delete ши ■ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY-SI-70P Delete Change Addition DITE NAME: NAMI STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CHY-SE-ZIP Change ☐ Addition HHE Delete TITES NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 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 logal effect as if made under early that I am an efficer or director of the expression or the receiver or 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.

OF SIGNING OFFICER OR DIRECTOR

Daylima Phone #