2007 FOR PROFIT CORPORATION

FILED May 02, 2007 8:00 am Secretary of State

| | ANNUAL | REPORT | | | _ ~ | oci ett | •• J | | ucc |
|--|---|---------------------------------------|------------------------|------------------------|---------------------------|---------------------|--------------|-----------------|-----------------------------|
| 1. Entity Nan | MENT # P00000033 | | | | | 05-02-2007 | | 25 ***150 | 0.00 |
| Principal Plac | ce of Business | Mailing Address | | | 9 | 010106 | | | |
| 180 CRANDO | ON BLVD | 180 CRANDON BLVD | | | | • | | | |
| STE 113 | | STE 113 | | | J *. | | | | |
| KEY BISCAY | NE, FL 33149 | KEY BISCAYNE, FL 331 | KEY BISCAYNE, FL 33149 | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04302007 | Chg-P | CR2E | 034 (12/06) | | |
| City & Star | te | City & State | | | 4. FEI Number 65-0997 | | | } ∤ | pplied For ot Applicable |
| Zip | Country | Zip | Country | , | | of Status Desired | | \$8.75 Add | ditional |
| - | 6. Name and Address of Current | Registered Agent | | | 7. Name and | Address of New | Registered | <u></u> | |
| | o. Hamo and received of Cartonic | rtogiotorou / igant | + | Name | | 1441000 01 11411 | 1109/0100 | 7190111 | |
| SARNOFF | , MARC DAVID ESQ | | L | | | | | | |
| 3197 VIRGINIA STREET | | | | Street Address | (P.O. Box Numbe | r is Not Acceptab | ole) | | |
| MIAMI, FL | . 33133 | | | | | | | | |
| | | | L | | | | | , | |
| | | | | City | | | FL | Zip Cod | le |
| | named entity submits this statement for tions of registered agent. | or the purpose of changing its r | registered | office or registe | red agent, or both | , in the State of F | lorida. I am | familiar with, | and accept |
| 0.04.47.105 | , | | | | | | | | |
| SIGNATURE. | Signature, typed or printed name of registered agent | and tide if applicable, (NQTE: | : Registered A | gent signature require | d when reinstating) | | DATE | | |
| | · · · · · · · · · · · · · · · · · · · | | | _ | | • | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550. | 9. Election Campaig Trust Fund Contri | | | .00 May Be ded to Fees | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS/C | HANGES TO OF | FICERS ANI | DIRECTOR | S IN 11 |
| TITLE | DPVT | ☐ Delete | TITLE | | | | | ☐ Change | Addition |
| NAME | WONG, JAIME | | NAME | | | | | | |
| STREET ADDRESS | 180 CRANDON BLVD #113 | | STREET | ADORESS | | | | | |
| CITY-ST-ZIP | KEY BISCAYNE, FL 33149 | | CITY-ST | I - ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | □ Change | ☐ Addition |
| NAME | | | NAME | | | | | | |
| STREET ADORESS | <u> </u> | | | address | | | | | |
| CITY-ST-ZIP | | | ÇITY-ST | - ZIP | | | | | |
| TITLE | – 🗖 Delete | | TITLE | | | | | Change | Addition . |
| NAME | | | NAME | | | | | | |
| STREET ADDRESS | | | | ADORESS | | | | | |
| CITY-ST-ZIP | | | CITY-ST | -217 | | | | | |
| TITLE | | ☐ Delete | TITLE NAME | | | | | Change | ☐ Addition |
| NAME STREET ADDRESS | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | CITY-ST | I | | | | | |
| TITLE | - | ☐ Delete | TITLE | | | | | ☐ Change | Addition |
| NAME | | Delete | NAME | | | | | | ☐ AUGIROII |
| STREET ADDRESS | | | | ADDRESS | | | | | |
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| TITLE | | □ Delete | TITLE | | | | | ☐ Change | Addition |
| NAME | | ∟ Delete | NAME | | | | | □ change | CT VOOITION |
| | | | | | | | | | |
| | | | | ADORESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | ADORESS - ZIP | | | | | |

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 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.

| CI | M | IID | ┏. |
|----|---|-----|----|

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-2007

Date

Oaytime Phone #