2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 18, 2006 8:00 am Secretary of State DOCUMENT # P00000051955 04-18-2006 90077 031 ***150.00 1. Entity Name DEVELOPERS OF SOUTHERN FLORIDA, INC. Principal Place of Business Mailing Address #UVOH! * 8906 N W 194TH TERRACE 8906 N W 194TH TERRACE MIAMI, FL 33018 MIAMI, FL 33018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-1013079 Not Applicable Zip 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 ARMADA, JOSE 8906 N W 194TH TERRACE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33018 City Zip Code FI 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition ARMADA, JOSE NAME NAME 8906 N W 194TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33018 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ■ Addition NAME ARMADA, JOSE JR NAME STREET ADDRESS 19231 NW 88TH COURT STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33015 CITY-ST-ZIP Delete DST TITLE TITLE Change ☐ Addition Arguada, Armette A. NAME ALVAREZ, ANNETTE NAME 19131 NW 88TH COURT STREET ADDRESS STREET ADDRESS HIALEAH, FL 33015 CITY-ST-ZIF CITY-ST-7IP NIC TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby 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 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED