2008 FOR PROFIT CORPORATION

FILED Mar 17, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P00000052150 D.A.M. BLOCK CORP. Principal Place of Business Mailing Address 8181 NW SA RIVER DR., #E-547 8181 S. RIVER DR., #E-547 MIAMI, FL 33166 MIAMI, FL 33166 01312008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1019864 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MORA, DENIS A DO NOT WRITE 8181 S. RIVER DR., #E-547 MIAMI, FL 33166 IN THIS SPACE 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. Lam 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE NAME MORA, DENIS A STREET ADDRESS 8181 S. RIVER DR., #E-547 MIAMI, FL 33166 CITY-ST-ZIP TITLE NAME U00000859888 04/02/08-80041-007 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CrTY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:/

NAME STREET ADDRESS CITY-ST-ZIP

Date

Daytime Phone #