2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State
01-11-2008 90070 023 ***150.00

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1. Entity Name
FIB MANAGEMENT, INC.

Principal Place of Business	Mailing Address
5035 S.W. 113TH AVE MIAMI, FL 33165	5035 S.W. 113TH AVE MIAMI, FL 33165

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2555 Ponce de Leon Blvd	PO Box 141516
Suite, Apt. #, etc.: 330	Suite, Apt. #, etc.:
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 / Country: USA	Zip: 33114 / Country: USA

01072008 Chg-P CR2E034 (12/06)

4. FEI Number: 65-1041206 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DE CORCHO, BLANCA P
5035 S.W. 113TH AVE
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name: Jose Perez de Corcho
Street Address (P.O. Box Number is Not Acceptable): 2555 Ponce de Leon Blvd
City: Coral Gables FL Zip Code: 33134

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: Jose Perez de Corcho 1/8/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	DE CORCHO, BLANCA P		NAME	
STREET ADDRESS	5035 S.W. 113TH AVE		STREET ADDRESS	2555 Ponce de Leon Blvd. Suite 330
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		☐ Delete	TITLE	V.P. ☐ Change ☒ Addition
NAME			NAME	Jose Perez de Corcho
STREET ADDRESS			STREET ADDRESS	2555 Ponce de Leon Blvd Suite 330
CITY-ST-ZIP			CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		☐ Delete	TITLE	SEC ☐ Change ☒ Addition
NAME			NAME	Ryan Coton
STREET ADDRESS			STREET ADDRESS	2555 Ponce de Leon Blvd. Suite 330
CITY-ST-ZIP			CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		☐ Delete	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	
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 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.

SIGNATURE: Blanca Perez de Corcho Blanca Perez de Corcho 1/8/08 305-441-9532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #