2007 FOR PROFIT CORPORAȚIOM ANNUAL REPORT (AR)

FILED Apr 20, 2007 08:00 Al Secretary of State DOCUMENT # P00000095911 1. Entity Name PILLAR BUILDING CORPORATION Principal Place of Business Mailing Address 7284 W PALMETTO PRK RD. 7284 W PALMETTO PRK RD. STE. 106 STE. 106 **BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite Apt. #. otc. Suito, Apt. #, otc 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-1049269 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo KASKEL, DANIEL A P.A. Street Address (P.O. Box Number is Not Acceptable) 7284 W PALMETTO PARK RD. STE. 108 **BOCA RATON FL 33433** 8. The above named entity submite 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 registerer (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 a Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. DHE Delete THE ☐ Addition U00000719147 BERDUGO, ELIE NAME NAME 05/01/07-80053-006 150.00 22175 LARKSPOR TRAIL STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CDY-ST-7IP CITY-ST-7IP IIILE Delete IIILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP THIE ☐ Defete III ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete STRUCT ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP □ Addition ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP HITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP I heroby 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

2. I holiday contribute the information supplies with this lining does not quality for the exemptions contained in Section 1.9. Florida Statutes. Thirder certify that the minimation indicated on this report or suppliemental report is true and accurate and that my signature shall have the same logal effect as if made under eath, that I am an office 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

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date