2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Mar 31, 2006 08:00 AM Secretary of State DOCUMENT # P00000097094 1. Entity Name H.D.É. INVESTMENT GROUP, CORP. Principal Place of Business Mailing Address 344 WEST 65TH STREET 344 WEST 65TH STREET HIALEAH, FL 33012 HIALEAH, FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202006 Cho-P CR2E034 (11/05) Applied For City & State 4. FEI Number City & State 65-1097591 Not Applicable Country Zip Country Ζip \$8.75 Additional 5. Certificate of Status Desfred Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERNANDEZ, VICTOR Street Address (P.O. Box Number is Not Acceptable) 344 W 65 ST HIALEAH, FL 33012 Zip Code 6. 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 02-23-06 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or make od agent end tille il epplicable 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change Addition | HERNANDEZ, DANIEL NAME MAINE U00000486776 STREET AODRESS 344 WEST 65TH STREET STREET ADDRESS 04/13/06-80050-011 150.00 CITY-ST-ZIP HIALEAH, FL 33012 CITY-57-71P ☐ Change Addition. 13315 ☐ Detete HHE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleve 117) F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-73P TITLE ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THE ☐ Defele TOTLE Change Addition MAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-SI-DP 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.

E OF SIGNING OFFICER OR DIRECTOR

FILED