2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# P01000012767

Entity Name: FLORIDA CARRIAGE, CORP.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
STE 240
MIAMI, FL 33134

New Principal Place of Business:

2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES, FL 33134 US

Current Mailing Address:

2121 PONCE DE LEON BLVD
STE 240
MIAMI, FL 33134

New Mailing Address:

2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES, FL 33134 US

FEI Number: 65-1151238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PRATS FERNANDEZ & COMPANY, P.A.
2121 PONCE DE LEON BLVD
STE 240
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LOSADA-TORRES, ALBERTO
Address: 2121 PONCE DE LEON BLVD #240
City-St-Zip: MIAMI, FL 33134

Title: VPD ( ) Delete
Name: LOSADA-SALCEDO, JOAQUIN
Address: 2121 PONCE DE LEON BLVD #240
City-St-Zip: MIAMI, FL 33134

Title: TSD ( ) Delete
Name: ANGEL, CAROLINA L
Address: 2121 PONCE DE LEON BLVD #240
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LOSADA-TORRES, ALBERTO
Address: 2121 PONCE DE LEON BLVD #240
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VPD (X) Change ( ) Addition
Name: LOSADA-SALCEDO, JOAQUIN
Address: 2121 PONCE DE LEON BLVD #240
City-St-Zip: CORAL GABLES, FL 33134 US

Title: TSD (X) Change ( ) Addition
Name: ANGEL, CAROLINA L
Address: 2121 PONCE DE LEON BLVD #240
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO LOSADA-TORRES PD 03/10/2009

Electronic Signature of Signing Officer or Director — Date