2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 21, 2007 8:00 am DOCUMENT # P01000057828 **Secretary of State** 02-21-2007 90026 003 ***158.75 PUNTO FINAL OF MIAMI CORPORATION Principal Place of Business Mailing Address 1901 NW 22 ST MIAMI FL 33142 1901 NW 22 ST MIAMI FL 33142 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number 65-1117279 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent F. CANDENAS SANTANA, MIRNA Address (P.O. Box Number is Not Acceptable 2935 NW 103RD ST **MIAMI FL 33147** iani -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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THIE Defete Change TITLE ☐ Addition ALEXI E. CARDENAS SANTANA, MIRNA NAME NAME 3090 N.W. S STREET 2935 NW 103 ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33147** CITY-SI-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-7/P THE ☐ Delete TITLE ☐ Change Addition NAME NAME STRUET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DILI ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY - ST - ZIP ☐ Delete HTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CITY - ST - ZIP TITLE Delete IIILE ☐ 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 Section 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.

FILED