2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNING OFFICER OR DIRECTOR

May 03, 2007 8:00 am Secretary of State DOCUMENT # P01000069264 05-03-2007 90041 043 ***150 00 **B & H DEVELOPMENT, INC.** Principal Place of Business Mailing Address 40102932 7534 SW 95 PLACE 7534 SW 95 PLACE MIAMI; FL 33173 MIAMI, FL 33173 2. Principal Place of Business - No P.O. Box # 8511 SW 91 Lane Suite, Apt. #, etc. 03132007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For 65-1120883 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Hernandez, Robert HERNANDEZ, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 7534 SW 95 PLACE MIAMI, FL 33173 SW 81 Lane City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Pres. TITLE TITLE Change ☐ Delete ☐ Addition Hernandez, Robert M. NAME HERNANDEZ, ROBERT M NAME 7534 SW 95 PLACE STREET ADDRESS STREET ADDRESS 8511 SW 81 Lane MIAMI, FL -33173 Miami, FL 33143 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE ☐ Addition Boyd, William J. BOYD, WILLIAM J NAME NAME 8511 SW 81 Lane STREET ADDRESS 7534 SW 95 PLACE STREET ADDRESS CITY-ST-7IP MIAMI, FL 33173 -CITY-ST-ZIP Miami, FL 33143 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 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE 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.

FILED