2007 FOR PROFIT CORPORATION... ANNUAL REPORT

SIGNATURE:പ്

Secretary of State 01-22-2007 90073 032 ***150.00 DOCUMENT # P01000083612 1. Entity Name HIALEAH-HABANA TRAVEL, INC. 40003043 Principal Place of Business Mailing Address 5301 NW 189 ST 5301 NW 189 ST MIAMI, FL 33055 MIAMI, FL 33055 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01132007 Chg-P City & State City & State 4. FEI Number Applied For Not Applicable 65-1133281 Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RODRIGUEZ-MEDINA, PEDRO Street Address (P.O. Box Number is Not Acceptable) 5301 NW 189 ST . MIAMI, FL 33055 City Zip Code FL 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, typedox printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE ROOKIGUEZ-MEDINA, PEDRO RODRIGUEZ-MEDINA, PEDRO NAME 530 NW 189 ST. 5301 NW 189 ST STREET ADDRESS STREET ADDRESS CITY - ST- ZIP MIAMI, FL 33055 CITY-ST-ZIP MIAMI, FL 33055 Change Delete TITLE X Addition ARGUELLES, XENIA NAME NAME 5301 NW 189 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI, FL 33055 ☐ Change Addition ☐ Delete TITLE TITLE FERNANDEZ LOURDES E 5301 NW 189 ST. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-2IP MIAMI, FL 33055 Change Addition ☐ Defete 1111.6 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP Change ☐ Addition TITLE ☐ Delete IIILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP 12. Thereby 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 record or supplied that 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 record of the corporation or the record of the corporation or the record of the corporation of

PEDRO RODRIGUEZ-MEDINA, 1/23/07 (786)263-2415

FILED Jan 22, 2007 8:00 am