2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

STEEL VALUE OF SIGN

Apr 10, 2007 8:00 am Secretary of State DOCUMENT # P01000090827 04-10-2007 90019 041 ***150.00 S.R.C. BY SERGE POULIN INC. Principal Place of Business Mailing Address 980 NW 135TH STREET 980 NW 135TH STREET NORTH MIAMI, FL 33168 NORTH MIAMI, FL 33168 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2104 N. FEDERAL HWY 2104 N. FEDERAL HWY Suite, Apt. #, etc. Suite, Apt. #, etc. 03302007 Chg-P CR2E034 (12/06) UNIT B City & State City & State 4. FEI Number Applied For FL HOLLYWOOD. HULLYWOOD 65-1137914 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П 3020 33020 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SERGE POULIN POULIN, SERGE Street Address (P.O. Box Number is Not Acceptable) 3120 W HALLANDALE BEACH BLVD HALLANDALE, FL 33009 UNIT B City HU117W000 Zip Code ろろじ上の 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. 03-30-67 SIGNATURE A in shirt briar metre designation for the (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRES TITLE ☐ Delete TITLE POULIN, SERGE POULIN SERGE NAME NAME STREET ADDRESS 3120 W HALLANDALE BEACH BLVD STREET ADDRESS 2104 N. FEDERAL HWY # 8 CITY-ST-ZIP HALLANDALE, FL 33009 CITY-ST-ZIP HULLYWOOD, FL 33020 FITLE ☐ Delete TITLE ☐ Addition DIAZ, CARLOS H MR NAME DIAZ, CARLOS 2104 N. FEDERAL HWY #B STREET ADDRESS 19770 WEST DIXIE DRIVE STREET ADORESS MIAMI, FL 33180 CITY-ST-7IP CITY-ST-71P HOLLY WOOD, FL 33020 TITLE ☐ Delete THE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT1 F Change Maddition TITLE ☐ Delete 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 be 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

03-30-07

Daytime Phone #