2008 FOR PROFIT CORPORATION

Apr 25, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P01000096803 04-25-2008 90150 033 ***150.00 FLORIDA NEW AGE CORPORATION Principal Place of Business Mailing Address 3052 UNIVERSITY PKWY. 3052 UNIVERSITY PKWY. SARASOTA, FL 34243 SARASOTA, FL: 34243 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3054 UNIVERSITY PARKWAY 3054 UNIVERSITY PARKWAY Suite, Apt. #, etc. Suite, Apt. #, etc. 04212008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 90-0025678 SARASOTA, FI SARASOTA, FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34243 34243 U.S - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -MACINTER CORPORATION MACINTER CORPORATION Street Address (P.O. Box Number is Not Acceptable) 15802 NW 14 MANOR 3054 UNIVERSITY PARKWAY PEMBROKE PINES, FL 33028 Zip Code **34243** City SARASOTA 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 regist 1142208 bi-registered agent and title if applicable DATE (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, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE X Change ☐ Addition TITLE CURCI, MIGUEL A CURCI, MIGUEL A NAME NAME 3052 UNIVERSITY PKWY. 3054 UNIVERSITY PARKWAY STREET ADDRESS STREET ADDRESS SARASOTA, FL 34243 CITY-ST-ZIP SARASOTA, FL 34243 CITY+ST-ZIP ☐ Delete TITI F Change ■ Addition TITLE **CURCI, JUAN CARLOS** CURCI, JUAN CARLOS NAME NAME STREET ADDRESS 3052 UNIVERSITY PKWY. STREET ADDRESS 3054 UNIVERSITY PARKWAY SARASOTA, FL 34243 SARASOTA, FL 34243 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

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 rustee 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 within a direct with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

> INU/ad-RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED