2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 13, 2007 08:00 AM Secretary of State DOCUMENT # P02000021393 1. Entity Name SOUTH MEDLEY INC. Principal Place of Business Mailing Address 2392 W 80 ST 2392 W 80 ST MIAMI, FL 33016 MIAMI, FL 33016 CR2E034 (11/05) 01152007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0610512 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ARAMILLO, YOLANDA 12350 SW 132 CT #207 MIAMI, FL. 33186 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. PD TITLE NAME CAVALLO, EDUARDO M 2392 W. 80TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33016 U00000704413 TITLE 23/07-80010-006 150.0W NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this Hing 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 emissivered 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 analytics. With all other like empowered.

Daytime Phone #

ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: .