2007 FOR PROFIT CORPORATION . **ANNUAL REPORT (AR)**

FILED Feb 23, 2007 08:00 AM DOCUMENT # P02000022827 **Secretary of State** 1. Entity Namo RUSTY SPORTS, INC. Principal Place of Business Mailing Address 2451 N.W. 5TH AVE MIAMI FL 33127 78 EAST FLAGLER ST MIAMI FL 33131 2. Principal Place of Business - No P.O Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number City & State Applied For 02-0573921 Not Applicable Zip Country Country \$8.75 Additional 5. Ccrtificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAROUGH, ALBERTO Street Address (P.O. Box Number is Not Acceptable) 9260 SW 72TH STREET, SUITE 206 **MIAMI FL 33173** City Zip Code 8. The above named ontily 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. THE TITLE Change ☐ Addition Defete ZAINE, CHARLES M NAME NAME U00000644731 78 EAST FLAGLER ST STHEET ADDRESS STRLET ADDRESS 03/02/07-80054-016 150.00 MIAMI FL 33131 CITY - ST - ZIP CITY-ST-ZIP Delete ☐ Change Addition | ZAINE, PRISCILA NAME 78 EAST FLAGERS ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CHY-SI-7IP CITY-ST-7/P Change Delete Addition TITLE TIME NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY ST-ZIP Delete ☐ Addition NAME STREET ADDRESS STRIET ADDRESS C11Y-S1-7IP CITY-ST-ZIP THEF Delete TITLE Change Addition NAMI: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete TITLE ■ 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 Section 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 logal 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.

PRISULA C. ZAINE - VICE - PRESTYENT

SIGNATURE: