2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED **DOCUMENT # P02000042876** 1. Entity Name 2007 MAY 10 AM 10: 41 WELSHIRE, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Maifing Address ONE SE THIRD AVENUE ONE SE THIRD AVENUE #1440 #1440 MIAMI, FL 33131 MIAMI, FL 33131 04262007 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-3057801 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TURNER, DAVID M DO NOT WRITE ONE SE 3 AVENUE **SUITE 1440** IN THIS SPACE MIAMI, FL 33131 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, 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 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME DAHLAWI, HASSAN STREET ADDRESS ONE SE THIRD AVENUE, #1440 CITY-ST-ZIP MIAMI, FL 33131 200102541402 05/15/07--01007--001 **400.00 TIT1 F NAME STREET ADDRESS CITY-ST-ZIP 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-7IP 12. I hereby certify that the information supplied with this filips 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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or to changed, or on an attachment with a

NAME OF RIGHING OFFICER OR DIRECTOR

Daytime Phone #