2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 18, 2008 8:00 am Secretary of State DOCUMENT # P02000097442 04-18-2008 90051 018 ***150.00 FRITANGA NICARAGUENSE INC. Principal Place of Business Mailing Address 1221 NW 119 ST MIAMI FL 33167 1221 NW 119 ST MIAMI FL 33167 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State Applied For City & State 4. FEI Number 51-0426128 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LA MISMA, JOSE R JR Street Address (P.O. Box Number is Not Acceptable) 1221 NW 119 ST MIAMI FL 33167 Zip Code 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. 7-19-08 DATE TOTION owner SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ŊΡ Delete TITLE Addition LANZAS, JOSE NAME NAME STREET ADDRESS 1221 NW 119 ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33167 CITY-ST-ZIP VD Daiete ☐ Change ☐ Addition RIVAS, TERESA NAME STREET ADDRESS 1221 NW 119 ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33167** CITY-ST-ZIP TITLE Delete Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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 changed, or on an attachment with an address, with all other like empowered.