2007 FOR PROFIT CORPORATION

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 15, 2007 8:00 am **Secretary of State ANNUAL REPORT** 03-15-2007 90022 043 ***150.00 DOCUMENT # P02000106730 DOUBLE R. AMUSEMENT INC. 40036636 Principal Place of Business Mailing Address 1150 NW 124 AVE 1150 NW 124 AVE MIAMI, FL 33182 MIAMI, FL 33182 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02022007 Cha-P City & State City & State 4. FEI Number Applied For 30-0118053 Not Applicable Zip Country Zip 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 RODRIGUEZ, LESTHEER R 1150 NW 124 AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33182 City Zip Coce FL 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) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE ☐ Change ■ Addition TIBLE RODRIGUEZ, LESTHEER R NAME NAME 1150 NW 124 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP MIAMI, FL 33182 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZP CITY-ST-ZIP ☐ Change Addition ☐ Delete MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition THILE ☐ Delete THEF NAME STREET ADDRESS STREET ADDRESS C(TY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florioa 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, Florioa Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

FILED

3-12-07

Daytime Phone