2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 21, 2008 8:00 am Secretary of State DOCUMENT # P02000120561 1. Entity Name LISYCARLOS, CORP. 04-21-2008 90067 011 ***150.00 Principal Place of Business Mailing Address 933 EAST 24TH ST. 933 EAST 24TH ST. HIALEAH, FL 33013 HIALEAH, FL 33013 2. Principal Place of Business - No P.O. Box # 3. Mailing Address . Suite, Apt. #, etc. Suite, Apt. #, etc. 04042008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 16-1638261 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PAULA, MARIA C Street Address (P.O. Box Number is Not Acceptable) 933 EAST 24TH ST. HIALEAH, FL 33013 Zip Code City FL 8.3The 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 Highe 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 : 10. 11. PDT Change Delete TITLE Addition TOLE PAULA, MARIA C NAME NAME 933 EAST 24TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33013 CITY-ST-ZIP TITLE **VDS** ☐ Delete TITLE ☐ Change ☐ Addition name PAULA, LUIS E NAME STREET ADDRESS STREET ADDRESS 933 EAST 24TH ST. CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33013 Delete TITLE TITLE ☐ Channe Addition: NAME _ - - -- --NAME STREET ADDRESS STREET ADDRESS GUY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY - ST- ZIP

TITLE

NAME

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Diete Davime Phone # Mis.A.

1.1

Addition

☐ Change