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

Apr 23, 2007 08:00 All Secretary of State DOCUMENT # P.03000010529 1. Entity Namo BRITANNIA COMPANIES CORPORATION Principal Place of Business Mailing Address 6301 W. BROWARD BOULEVARD 6301 W. BROWARD BOULEVARD PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 80-0107839 Not Applicable Zip 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 ESLER, GARY A ESQ. ESLER & LINDIE, P.A. Street Address (P.O. Box Number is Not Acceptable) 315 S.E. 7TH STREET #300 FORT LAUDERDALE FL 33301 Zip Code FI 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, lyned or printed name of registered agent and title in applicable. (NOTE: Registered Agent signature required when reinstation) DATE 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. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete DILE Change ☐ Addition SHAD, ARIF NAME NAME U000000725399 6301 W. BROWARD BOULEVARD STREET ADDRESS STREET ADDRESS 05/03/07-80021-005 150.00 PLANTATION FL 33317 CHY-SI-ZIP CITY-SI-ZIP ST THEF Delete Change Addition SHAD, AINZA NAME 6301 W. BROWARD BOULEVARD STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY-SI-7/P CHY-SI-7IP TITLE Delete - . Change - Addition SHAD, NASREEN NAME NAME STREET ADORESS 6301 W. BROWARD BOULEVARD STREET ADDRESS CITY - ST - ZIP PLANTATION FL 33317 CITY-ST-782 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP III1F ☐ Delete ☐ Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP C(1Y - S1 - ZIP IIIII Delete HILE ☐ Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CUY-S1-7IP CITY-ST-ZIP

SIGNATURE:

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 eath; that I am an efficie 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.

FILED