2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P03000030708

Entity Name: FS UNIT 3007, INC.

Current Principal Place of Business:

1435 BRICKELL AVE.
STE 3007
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

1200 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131

New Mailing Address:

1000 BRICKELL AVENUE, SUITE 300
MIAMI, FL 33131

FEI Number: 20-0749502 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

AGI REGISTERED AGENTS, INC.
1000 BRICKELL AVENUE, SUITE 300
MIAMI, FL 33131 US

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.

SIGNATURE: ROBERT R. ADAMS 04/30/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FOLCH, SALVI
Address: COL. PENA BLANCA SANTA FE 01210
City-St-Zip: MEXICO, D.F., MX

Title: STD ( ) Delete
Name: SILVA, JOSE CARLOS
Address: COL. PENA BLANCA SANTA FE 01210
City-St-Zip: MEXICO, D.F., MX

Title: VP ( ) Delete
Name: FOLCH, ERIC
Address: 2335 NORTH MORELAND, #304
City-St-Zip: CLEVELAND, OH 44120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVI FOLCH P/D 04/30/2008
Electronic Signature of Signing Officer or Director Date