2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046015

City-St-Zip:

CLEVELAND, OH 44120

FILED Apr 30, 2008 Secretary of State

Entity Name: FS UNIT 3207, INC **Current Principal Place of Business: New Principal Place of Business:** % EXPLANDA #1315 COLONIA LOMAS DE CGAPULTEPEC MEXICO MEDIXO D.F. CP 11000, MX **New Mailing Address: Current Mailing Address:** 1000 BRICKELL AVENUE 1200 BRICKELL AVENUE SUITE 900 SUITE 300 MIAMI, FL 33131 MIAMI, FL 33131 FEI Number: 98-0412255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AGI REGISTERED AGENTS, INC. AGI REGISTERED AGENTS, INC. 1200 BRICKELL AVENUE 1000 BRICKELL AVENUE SUITE 900 SUITE 300 MIAMI, FL 33131 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition DE ANGOITIA NORIEGA, ALFONSO Name: Name: COLONIA LOMAS DE CHAPULTEPEC Address: Address: City-St-Zip: MEXICO MEDIXO D.F. CP 11000, MX City-St-Zip: Title: STD Title: () Delete () Change () Addition Name: FOLCH, SALVI Name: QUIROGA NO.212 PISO Address: Address: PENA BLANCA SANTA FE 01210, MX City-St-Zip: City-St-Zip: Title: Title: VΡ () Delete () Change () Addition FOLCH, ERIC Name: Name: 2335 NORTH MORELAND, #304 Address: Address:

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.

City-St-Zip:

SIGNATURE: ALFONSO DE ANGOITIA NORIEGA P/D 04/30/2008