2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2008 8:00 am Secretary of State DOCUMENT # P03000055763 04-14-2008 90047 018 ***150 00 1. Entity Name WATERFALLS TRADING CORP. Principal Place of Business Mailing Address 4006/303 5438 SW 195 TERRACE 5438 SW 195 TERRACE MIRAMAR, FL 33029 MIRAMAR, FL 33029 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03172008 Cha-P City & State Applied For City & State 4. FELNumber 51-0470845 Not Applicable 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 ZABLAH, ENRIQUE Street Address (P.O. Box Number is Not Acceptable) 5438 SW 195 TERRACE MIRAMAR, FL 33029 City Zip Code 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 SIGNATURE. Signature, typed or printed hama of registered agent and title if applicable (NOTE: Fregistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11' 10. OFFICERS AND DIRECTORS 11. PSTD TITLE ☐ Delete TITLE ☐ Change Addition ZABLAH, ENRIQUE NAME NAME STREET ADDRESS 15509 MIAMI LAKE WAY NORTH #106 STREET ADDRESS MIAMI, FL 33014 CITY-ST-ZIP CITY-ST-ZIP VD Delete TITLE TITLE ☐ Change Addition HERNANDEZ, GUILLERMO L NAME NAME 15509 MIAMI LAKE WAY NORTH #106 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33014 City - St - 7/2 ☐ Delete TiTLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CiTY-S1-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME MAMAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete Change TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 trustoe empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 is changed, or on an attachment with an Hather like empowered.

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TITLE

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Delete

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Addition

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