2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachmen

SIGNATURE:

FILED Apr 14, 2008 08:00 Al Secretary of State **DOCUMENT # P03000068771** 1. Entity Name THE BRANCH TAX SERVICE INC. Principal Place of Business Mailing Address 18184 NW 2ND AVENUE 7667 SHALIMAR ST MIAMI, FL 33169 MIRAMAR, FL 33023 03142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3718050 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRANCH, BRANDY L DO NOT WRITE 7667 SHALIMAR ST MIRAMAR, FL 33023 IN THIS SPACE 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 the obligations of regist SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BRANCH, BRANDY LOWNER NAME STREET ADDRESS 18184 NW 2ND AVE CITY+ST-ZIP MIAMI, FL 33169 U00000897769 04/25/08-80061-007 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-71P 12. Thereby certify that the information supplied with this filling 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

Daytime Phone #