2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076450

City-St-Zip:

MIAMI, FL 33134

Entity Name: MIAMI WALLSCAPES, INC.

FILED Mar 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 701 BRICKELL AVE. 3195 PONCE DE LEON BOULEVARD SUITE 3000 3RD FLOOR MIAMI, FL 33131 CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 701 BRICKELL AVE. SUITE 3000 MIAMI, FL 33131 FEI Number: 20-0110987 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: INTRASTATE REGISTERED AGENT CORPORATION INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE 701 BRICKELL AVE. SUITE 3000 SUITE 3000 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: JORGE HERNANDEZ-TORANO, PRESIDENT 03/02/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HERTZ, ARTHUR H Name: Name: 3195 PONCE DE LEON BLVD., 3RD FLR Address: Address: City-St-Zip: MIAMI, FL 33134 City-St-Zip: Title: Title: DST () Delete () Change () Addition Name: HERTZ, ANDREW P Name: 3195 PONCE DE LEON BLVD., 3RD FLR Address: Address: MIAMI, FL 33134 City-St-Zip: City-St-Zip: Title: Title: DVP () Delete () Change () Addition KENNER, KEITH Name: Name: 3195 PONCE DE LEON BLVD., 3RD FLR Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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: ARTHUR H. HERTZ DP 03/02/2007