## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000084497

Entity Name: FS UNIT 3010, INC.

City-St-Zip:

CLEVELAND, OH 44120 US

**FILED** Apr 30, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1435 BRICKELL AVE. STE 3010 MIAMI, FL 33131 **New Mailing Address: Current Mailing Address:** 1000 BRICKELL AVE. 1200 BRICKELL AVE. STE 900 STE 300 MIAMI, FL 33131 MIAMI, FL 33131 US FEI Number: 98-0405510 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 AVE., STE. 900 1000 BRICKELL AVE., STE. 300 MIAMI, FL 33131 MIAMI, FL 33131 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 Title: () Change () Addition SILVA, JOSE CARLOS Name: Name: NO. 2121 40 PISO., COL. PENA BLANCA Address: Address: City-St-Zip: SANTE FE.01210 MEXICO D.F., MX City-St-Zip: Title: Title: ST () Delete () Change () Addition Name: FOLCH, SALVI Name: NO. 2121 40 PISO., COL. PENA BLANCA Address: Address: SANTA FE 01210 MEXICO D.F., MX City-St-Zip: City-St-Zip: Title: Title: VΡ ( ) Delete () Change () Addition FOLCH, ERIK 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: JOSE CARLOS SILVA P/D 04/30/2008