2008 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Apr 28, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P03000114547 04-28-2008 90385 031 ***150.00 1. Entity Name MANILA PROPERTIES OF FLORIDA, INC. Principal Place of Business Mailing Address 740 COMMERCE DRIVE, #11 740 COMMERCE DRIVE, #11 VENICE, FL 34292 VENICE, FL 34292 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04242008 Chg-P Applied For City & State City & State 4. FEI Number 20-0286393 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GAY, MYRON Street Address (P.O. Box Number is Not Acceptable) 740 COMMERCE DRIVE SUITE 11 VENICE, FL 34292 City Zip Code FL 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 registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. S D PD Change Change ☐ Addition ☐ Delete TITLE TITLE SERFAJURY, MISLES SERFAJUAN, M. NAME NAME STREET ADDRESS 1008 GONDOLA PARK DR STREET ADDRESS VENICE FL 34285 CITY-ST-ZIP VENICE, FL 34292 CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE GAY, MYRON NAME NAME 446 FAIRWAY ISLES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FL 34285 CITY-ST-ZIP VUNICE. TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 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

IG OFFICER OR DIRECTOR

FILED