2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P03000118076



1. Entity Name MARCELO OPPENHEIM, PA

| FILLD |
|--------------------------------|
| Aug 09, 2007 8:00 am |
| Carrata and Chata |
| Secretary of State |
| 08-09-2007 90053 019 ***150 00 |

| Principal Place of Business 3700 ISLAND BLVD. PH8 AVENTURA, FL 33160 | | | | Mailing Address C/O GELBER AND COMPANY 11450 INTERCHANGE CIRCLE N. MIRAMAR, FL 33025 | | | | 4015819c | | | | | |
|--|---------------------------|------------------------|-------|--|-------------|-------------------------|---|---|-------------------------------|---------------------------|--------------------------------|--|--|
| 2. Principal Place of Business - No P.O. Box # | | | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 07052007 | Chg-P | CR2E | 034 (12/06) | | |
| City & State | | | | City & State | | | | 4. FEI Number Applied For 56-2409383 Not Applicable | | | | | |
| Zip Country | | | | Zip Country | | | | 5. Certificate | of Status Desired | | \$8.75 Add Fee Required | | |
| | 6. Name | and Address of Current | Regis | agistered Agent | | | | 7. Name and Address of New Registered Agent | | | | | |
| OPPENHEIM, MARCELO 3700 ISLAND BLVD. | | | | | | <u></u> | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| PH8 AVENTUR | A, FL 331 | 160 | | | | | | | | | | | |
| | | | | | City | | | | FL | 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 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 | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Finar Trust Fund Contribution. | | | | | | · - | | 00 May Be ad to Fees | In accordance corporation did | with s. 60 not receive | 7.193(2)(b), ve the prior r | F.S., the notice. | |
| 10. | OFFICERS AND DIRECTORS 11 | | | | | | | ADDITIONS | / CHANGES TO OFF | ICERS AN | D DIRECTORS | S IN 11 | |
| TITLE | P Delete TITLE | | | | | | | | | | Change | Addition | |
| NAME | OPPENHEIM, MARCELO | | | | | AE . | | | | | | | |
| STREET ADDRESS | | AND BLVD., PH8 | | | EET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | AVENTURA, FL 33160 | | | | CITY | Y-ST-ZIP | | | | | | | |
| TITLE NAME | | | | ☐ Delete | LE ME | | | | | ☐ Change | Addition | | |
| STREET ADDRESS | | | | | EET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | | | | Y-ST-ZIP | | | | | | | |
| TITLE | ☐ Delete III | | | | | .E | | | | | ☐ Change | ☐ Addition | |
| NAME | ļ | | | NAM | | | | | | | 1 | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | EET ADDRESS Y-ST-ZIP | | | | | | | |
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| STREET ADDRESS | | | | | STR | EET ADDRESS | | | | | | | |
| CITY-ST-ZIP | СІТУ- | | | | | Y-ST-ZIP | | | | | | | |
| TITLE | ☐ Delete TITLE | | | | | | | | | | Change | Addition | |
| NAME STREET ADDRESS | NAME STREET | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | ļ | |
| TITLE | □ Delete TILL | | | | | | | | | | ☐ Change | Addition | |
| NAME | | | | | VE | | | | | • | *- | | |
| STREET ADDRESS | | | | | | EET ADORESS | | | | | | | |
| CITY-ST-ZIP | l | | | | | Y-ST-ZIP | | | | | | | |
| 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 supplied enter the 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 recognizing fusione exprovered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if | | | | | | | | | | | | nformation or director Block 11 if | |