2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 14, 2008 8:00 am Secretary of State **DOCUMENT # P04000078361** 04-14-2008 90062 020 ***150.00 1. Entity Name VANI MIAMI, INC. Principal Place of Business Mailing Address 2380 NW 5 AVE 2380 NW 5 AVE MIAMI, FL 33127 MIAMI, FL 33127 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062008 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 20-1136573 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FAN, JOHN J Street Address (P.O. Box Number is Not Acceptable) 2380 NW 5 AVE MIAMI, FL 33127 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11, Addition ☐ Delete TITLE TITLE FAN, JOHN J NAME NAME 2380 NW 5 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33127 s ☐ Change ☐ Addition ☐ Delete TITI F TITLE YEN, RONA NAME NAME STREET ADDRESS STREET ADDRESS 2380 NW 5 AVE MIAMI, FL 33127 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ 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 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 changed, or on an attachment with an address, the all other like empowered.

FILED