


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000093631	
1. Entity Name OFFICE SHOP, INC.	

Principal Place of Business 7812 NW 46 STREET MIAMI, FL 33166 US	Mailing Address 7812 NW 46 STREET MIAMI, FL 33166 US
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DO NOT WRITE IN THIS SPACE



05122008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1266032	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUEVARA, JUAN 9263 SW 221 STREET MIAMI, FL 33190
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GUEVARA, JUAN 9263 SW 221 STREET MIAMI, FL 33190
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD PASQUIER, MARITZA 9263 SW 221 STREET MIAMI, FL 33190
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S PALMERO, FRANCISCO J 7910 NW 25 STREET, SUITE 210 DORAL, FL 33122
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000951247
06/04/08-80026-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: <u>MARITZA PASQUIER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>5/11/08</u> <small>Date</small>	<u>8052352546</u> <small>Daytime Phone #</small>
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