2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2007 8:00 am Secretary of State DOCUMENT # P04000101158 1. Entity Name 04-27-2007 90203 034 ***150.00 **GUNATIT DONUT CORPORATION** Principal Place of Business Mailing Address 13730 SW 88TH STREET 13730 SW 88TH STREET MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4800 W. Attente AVE 4800 W. Atlantic AV Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 Chg-P CR2E034 (12/06) DEVRAY BURCH City & State 4. FEI Number Applied For City & State BLACH DELLAY DELLAY REACH 20-1339917 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3344S Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATEL, HITESH V Street Address (P.O. Box Number is Not Acceptable) 13730SW 88 STREET MIAMI, FL 33186 Zip Code FI 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 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Change ☐ Addition . TITLE TITLE PATEL, HITESH NAME 20145 SOUTH KEY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33498 CITY-ST-ZIP SD ☐ Delete ☐ Change ☐ Addition PATEL, ATUL NAME NAME STREET ADDRESS 20145 SOUTH KEY DRIVE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL. 33498 CITY-ST-ZIP TD TITLE ☐ Delete TITLE Change ☐ Addition NAME PATEL, BABU NAME STREET ADDRESS 9674 64TH WAY SOUTH STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33437 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition 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, with all other like empowered. 954-415-0683 5/25/12 SIGNATURE: SIGNATURE AND TYPED O INTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

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