May 01, 2006 8:00 am Secretary of State 2006 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P04000101503 05-01-2006 90420 039 ***150 00 TAKÝ INTERNATIONAL CORP. Principal Place of Business Mailing Address AUDIOLOS 2875 NE 191 ST, 801 2875 NE 191 ST, 801 AVENTURA, FL 33180 AVENTURA, FL 33180 2. Principal Place of Business 3. Mailing Address 169 EAST FLAGLER ST. 169 EAST FLAGLERST. Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 Chg-P CR2E034 (11/05) 1042 City & State M / A M / City & State 4. FFI Number Applied For MIAMI Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICHAEL GLINSKY WALCATCH, MATTHEW B ESQ. Street Address (P.O. Box Number is Not Acceptable) SERBER & WEALCATCH, P.A. 2875 NE 191 ST, 801 169 EAST FLAGLER ST. # 1118 AVENTURA, FL 33180 Zip Code 33/3) 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. MICHAEL GLINSKY (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DIPISIT GOLD, JORGE MINIEL GOLD, JORGE MANIEL TITLE ☐ Delete TITLE Addition GOLD, JORGE DANIEL NAME NAME 169 EAST FLAGLER St. \$ 1042 2875 NE 191 ST, 801 STREET ADDRESS STREET ADORESS MIAMI, FL 33131 CITY-ST-ZIP AVENTURA, FL 33180 CITY-ST-ZIP VP/ASST. SEC. Change ANGEL, DAVID 169 EAST FLAGLER ST. #1042 Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MiAmi, FL 33181 TITLE ☐ Delete ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 occurrence or trustee ampowered 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 attaction with an address, with all guizer like empowered.

DAVID ANGEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #