2005 FOR PROFIT CORPORATION

Apr 21, 2005 8:00 am Secretary of State ANSCAL REPORT DOCUMENT # P04000103331 04-21-2005 90242 044 ***158.75 Entity Name 851 RETAIL, INC. Principal Place of Business Mailing Address 2828 CORAL WAY, PENTHOUSE SUITE 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145 MIAMI, FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, ANGEL A Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P Change | TITLE TITLE ☐ Delete NAME PEREZ, JORGE M NAME 2828 CORAL WAY, PENTHOUSE SUITE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME 2828 CURAL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP miami, Fl Delete TITLE TITLE ☐ Channe X Addition HERNANDEZ 2828 CORAL NAME NAME ANGEL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MUAMI ☐ Delete TITLE ☐ Change Addition TITLE MATT LLENI MATT -828 CORAL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

NAME

STREET ADDRESS CITY-ST-ZIP

ANGEL HERNANDEZ SIGNATURE: tama Phone #

NAME

STREET ADDRESS

CITY-ST-ZIP