2008 FOR PROFIT CORPORATION

FILED May 08, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P04000105954** RAPID MODULAR BUILDING OPERATIONS SYSTEMS CORP. Principal Place of Business Mailing Address 22 S.E. 4TH STREET 22 S.E. 4TH STREET BOCA RATON, FL 33432 BOCA RATON, FL 33432 US 04302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 77-0641663 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ZAIAC, MANUEL DO NOT WRITE 100 S.E. 2ND STREET 2350 IN THIS SPACE MIAMI, FL 33131 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 U00000949629 FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 98/03/08-89935-922 150.*0*0 10. OFFICERS AND DIRECTORS TITLE QUINTERO, GEORGE A NAME STREET ADDRESS 22 S.E. 4TH STREET CITY-ST-ZIP BOCA RATON, FL 33432 TITLE NAME VARGAS, MARIA ANGELA STREET ADDRESS 22 S.E. 4TH STREET CITY-ST-ZIP BOCA RATON, FL 33432 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDIRECTO