2007 FOR PROFIT CORPORATION

Mar 23, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000113953 03-23-2007 90018 006 ***150.00 1. Entity Name GREAT FINANCIAL CORPORATION 400300.-Principal Place of Business Mailing Address 15050 NW 79TH CT . 15050 NW 79TH CT SUITE 200 SUITE 200 MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 03142007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MULLER, CHARLES E II Street Address (P.O. Box Number is Not Acceptable) 7385 GALLOWAY ROAD, SUITE 200 MIAMI, FL 33173 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 life if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Addition GHOMESHI, MEHDI NAME NAME STREET ADDRESS 15050 NW 79TH CT SUITE 200 STREET ADDRESS CITY-ST-ZIF MIAMI, FL 33016 CITY-ST-7IP TITLE ☐ Delete ☐ Channe TITLE ☐ Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

SIGNATURE: _ < SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

Delete

NAME

STREET ADDRESS

CITY-ST-ZIP