2008 FOR PROFIT CORPORATION

STREET ADDRESS CITY-ST-ZIP

changed, or on an attack

SIGNATURE:

Apr 07, 2008 08:00 All Secretary of State **ANNUAL REPORT DOCUMENT # P04000115218** FINE LIVING GROUP, CORP. Mailing Address Principal Place of Business 13427 SW 131 STREET 13427 SW 131 STREET MIAMI, FL 33186 MIAMI, FL 33186 03272008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TOVAR, MARIA-INES DO NOT WRITE 13427 SW 131 STREET MIAMI, FL 33186 IN THIS SPACE 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 (equired when reinstating) \$5.00 May Be UÜÜÜÜÜÜB886Ö34 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees 04/18/08-80038-012 300.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PRES TITLE TOVAR, MARIA-INES NAME 13427 SW 131 STREET STREET ADDRESS CITY - ST - ZIP MIAMI, FL 33186 THLE STREET ADDRESS CUIY-ST-ZIP TIFLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP ШŒ STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 supplied entire 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED