Apr 20, 2005 8:00 am Secretary of State 2005 FOR PROFIT CORPORATION **ANNUAL REPORT** 04-20-2005 90357 013 ***150.00 **DOCUMENT # P04000131228** 1. Entity Name BETTINA GRAND CORP. Principal Place of Business Mailing Address 780 NE 69TH STREET 780 NE 69TH STREET 50041088 MIAMI, FL 33138 MIAMI, FL 33138 2. Principal Place of Business 3. Mailing Address NE 695T 780 NE Suite, Apt. #, etc. 04112005 Chg-P CR2E034 (10/03) 150U 1504 City & State Applied For 4. FELNumber MIRM Not Applicable 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 Name GRÁND, BETTINA Address (P.O. Box Number is Not Acceptable) 780 NE 69TH STREET MIAMI, FL 33138 City MIAM. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P/S ☐ Defete TITLE Change ☐ Addition TITLE NAME GRAND, BETTINA NAME 080 NE 69 ST#1564 Minni Fl 33138 STREET ADDRESS 780 NE 69TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33138 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CtTY-ST-ZIP

FILED