2008 FOR PROFIT CORPORATION

May 15, 2008 8:00 am Secretary of State **ANNUAL REPORT** 05-15-2008 90025 035 ***150.00 DOCUMENT # P04000147798 1. Entity Name AIXA M. DEJESUS, P.A. 40102616 Principal Place of Business Mailing Address P.O. BOX 2721 1229 WASHINGTON BLVD, NW LAKE PLACID, FL 33852 LAKE PLACID, FL 33862 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1637 Washington Blvd NW Suite, Apt. #, etc. Suite, Apt. #, etc. 03172008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For Lake Placid, 56-2489189 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA ----6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAMELA T. KARLSON, P.A. Street Address (P.O. Box Number is Not Acceptable) 531 DEEN BOULEVARD LAKE PLACID, FL 33852 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PDST** TITLE ☐ Delete TITLE Addition NAME DEJESUS, AIXA M NAME STREET ADDRESS P.O. BOX 2721 STREET ADDRESS LAKE PLACID, FL 33862 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- 71P 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 filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplierental 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.

CITY-ST-ZIP

TITLE

NAME

NAME

TITLE

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STREET ADDRESS

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CITY-ST-ZIP

SIGNATURE:

TITLE

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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