2008 FOR PROFIT CORPORATION

Apr 28, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000151425 04-28-2008 90359 025 ***150.00 GUILLERMO HERNANDEZ INC. Principal Place of Business Mailing Address 9834 COLONIAL WALK NORTH PO BOX 182 ESTERO, FL 33928 ESTERO, FL 33928 2. Principal Place of Business - No P.O. Box # 9926 Colonial Walks 3. Mailing Address Suite, Apt. #, etc. 04212008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-1833898 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 HERNANDEZ, GUILLERMO 9926 Colonia Lukits Street Address (P.O. Box Number is Not Acceptable) 5230 MAMIE STREET SONITA SPRINGS, FL-34184 Estero, F1 33928 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition HERNANDEZ, GUILLERMO NAME NAME STREET ADDRESS 9834 COLONIAL WALK NORTH STREET ADDRESS CITY-ST-ZIP ESTERO, FL 33928 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME HERNANDEZ, JUAN GARÇIA NAME STREET ADDRESS 716 IVAN AVE. STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES, FL 33971 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME VARGAS, MARIO NAME STREET ADDRESS 6638 WARWICK CIRCLE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 33919 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED