2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 29, 2007 8:00 am Secretary of State DOCUMENT # P04000167677 1. Entity Name 05-29-2007 90043 016 ***150.00 FILTRO, INC Principal Place of Business Mailing Address MITTOLOS 2320 NORTH MIAMI AVENUE 2320 NORTH MIAMI AVENUE # B # B MIAMI, FL 33127 MIAMI, FL 33127 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 601 N.E. 36 S 601 N.E Suite, Apt. #, etc. 05232007 Chq-P CR2E034 (12/06) 707 707 City & State City & State 4. FEI Number Applied For -londo Miam Miam. 20-2146723 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 33/37 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUERRA, LOURDES Street Address (P.O. Box Number is Not Acceptable) 2320 NORTH MIAMI AVENUE MIAMI, FL 33127 Zip Code 8. The above named entity submits this statemept 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, OVESTO SIGNATURE sped or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607,193(2)(b), F.S., the Trust Fund Contribution Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change TITLE NAME **GUERRA, LOURDES** NAME 601 N.E 36 ST # 707 STREET ADDRESS 2320 NORTH MIAMI AVENUE # B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33127 TITI F Delete TITLE ☐ Change ☐ Addition DE VERA, GISELLE NAME STREET ADDRESS 2320 NORTH MIAM! AVENUE # B STREET ADDRESS CITY-ST-ZIP MIAMI, FL. 33127 CITY-ST-78 Delete Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 equalify 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 exprowered 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.

FILED