2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 04, 2007 8:00 am Secretary of State 04-04-2007 90173 008 ***150 00 # P05000002411 DOCUMENT 1. Entity Name C & F SERVICE OF MIAMI CORP 40020.2 Mailing Address Principal Place of Business 18702 NW 77TH PL 18702 NW 77TH PL HIALEAH, FL 33015 HIALEAH, FL 33015 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 02282007 CR2E034 (12/06) City & State Applied For 4. FEI Number City & State 20-3110394 Not Applicable Zip Country \$8.75 Additional 7₁₀ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEMARCO, DOMINGO O Street Address (P.O. Box Number is Not Acceptable) 9430 NW 5 STREET PEMBROKE PINES, FL 33024 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 SIGNATURE. Signature, typed or printed name of registered agent and bitle if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$450.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Change Addition TITLE TITLE DEMARCO, DOMINGO O HAME HAME STREET ADDRESS STREET ADDRESS 9430 NW 5 STREET CITY-ST-ZIP PEMBROKE PINES, FL 33024 CITY-ST-ZIP Delete HIEF ☐ Change Addition THE HAVE RIDAO, CHRISTIAN HAME STREET ADDRESS STREET ADDRESS 18702 NW 77TH PL HIALEAH, FL 33015 CITY ST ZIP CITY ST 7iP ☐ Defete TITLE Change Addition HILL CASTRO, OXUM MAME STREET ADDRESS 18702 NW 77TH PL STREET ADDRESS CITY-ST ZIP HIALEAH, FL 33015 CITY ST 76P ☐ Dalete THTLE П Сһалде Addition HILE MANE NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY SI-ZIP Change Addition THUE Deiete TITLE HAME HAME STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE NAME DAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP applied with this tiling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information hal 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 rulatee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is address. The all other like empowered 12. Thereby certify that the informat indicated on this report or supplied the corporation or the receive changed, or on an attachment wi Domino Demorca SIGNATURE: NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

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