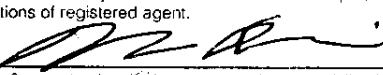
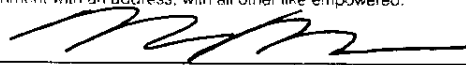


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90050 046 ***150.00

DOCUMENT # P05000043680 1. Entity Name NUNO DOLPHIN MALL, INC					
Principal Place of Business 11401 NW 12TH STREET MIAMI, FL 33172			Mailing Address 11401 NW 12TH STREET MIAMI, FL 33172		
2. Principal Place of Business - No P.O. Box - # 11401 NW 12th Street		3. Mailing Address 4611 Johnson Road			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Suite # 2			
City & State Miami, FL		City & State Pompano Beach, FL		4. FEI Number 20-2828895	
Zip 33172		Country USA		Applied For ☐ Not Applicable	
Zip 33073		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEIRA, NUNO 4611 JOHNSON RD SUITE 2 COCONUT CREEK, FL 33073				7. Name and Address of New Registered Agent Name Beira, Nuno Street Address (P.O. Box Number is Not Acceptable) 2703 Birch Terrace City DAVIE FL Zip Code 33330	
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  4/12/07 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES BEIRA, NUNO 15580 SW 49TH COURT MIRAMAR, FL 33027		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same 2703 Birch Terrace DAVIE, FL 33330	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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 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			4/12/07 954-429-1407 Date Daytime Phone #		