2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2006 8:00 am Secretary of State **DOCUMENT # P05000044779** 04-28-2006 90162 024 ***150.00 1. Entity Name URBIS GROUP CORP. Principal Place of Business 4000000 Mailing Address 1930 HARRISON ST., STE. 303 1930 HARRISON ST., STE. 303 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 CR2E034 (11/05) 4. FEI Number 20-2674180 City & State City & State Applied For Not Applicable Country 7in Zip \$8.75 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SERBER, DANIEL J. ESQ. 2875 NE 191 ST., TURNBERRY PLAZA, STE.801 Street Address (P.O. Box Number is Not Acceptable) AVENTURA, FL 33180 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 SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$450.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D ☐ Delete TITLE ☐ Change ■ Addition GAMBURD, DANIEL NAME NAME STREET ADDRESS 1930 HARRISON ST., STE. 303 STREET ADDRESS CITY - ST - ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition HOBERMAN, PABLO NAME NAME STREET ADDRESS STREET ADDRESS 1930 HARRISON ST., STE. 303 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33020 ☐ Delete TITLE ☐ Addition Change DILE NAME WAISSMANN, SERGIO NAME STREET ADDRESS 1930 HARRISON ST., STE, 303 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition 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 ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP

polied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 12. I hereby certify that the information sy 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 of 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 wit an address, with all other like empowered.

SIGNATURE: _

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED