2007 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Feb 26, 2007 08:00 All Secretary of State DOCUMENT # P05000052591 C. NUNEZ CORPORATION Principal Place of Business Mailing Address 1801 E. 1ST AVE. 1801 E. 1ST AVE. HIALEAH, FL 33010 HIALEAH, FL 33010 02212007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 27-0120806 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NUNEZ, CALIXTO A DO NOT WRITE 1801 E. FIRST AVENUE HIALEAH, FL 33010 IN THIS SPACE 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 title if applicable (NOTE: Registered Agent signature required when rainstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PVST** NUNEZ, CALIXTO A STREET ADDRESS 1801 E. 1ST AVE. CITY-ST-ZIP HIALEAH, FL 33010 U00000648208 03/06/07-80102-021 150.00 NUNEZ, CALIXTO A 1801 E. 1ST AVE. STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TrTLE NAME

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 respective or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attac of with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OF