## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Mar 14, 2007 8:00 am **Secretary of State** DOCUMENT # P05000053238 1. Entity Name 03-14-2007 90029 047 \*\*\*150.00 ORACLE LAND INC. Principal Place of Business Mailing Address 3191 CORK WAY 3191 CORK WAY MIAMI FL 33145 MIAMI FL 33145 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3191 CORAL 3191 CORAL Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 624 624 City & State City & State 4. FEI Number Applied For 20-2673039 CORAL GABLES CORAL GABLES FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEUO, PAULA 3191 COBAL WAY 624 MIAMIFE 33145 City 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 ithe obligations of registered agent. PAULO T. MELO (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DILE TITLE ☐ Delete Change Addition MELO, PAULO TAVARES, PAULO NAME 3191 CORAL WAY #624 25 SE 2ND AVE, STE 712 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CORAL GABLES, FL 33145 CITY-S1-ZIP CHY-ST-ZIP TITLE □ Defete IIIL ☐ Change ☐ Addition ROMILDO, MELO NAME NAME 3191 CORAL WAY 624 STREET ADDRESS STREET ADDRESS MIAMI FL 33145 CITY-ST-ZIP CITY - ST - ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete DHE ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY - ST - ZIP TITLE Ⅲ近 Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**FILED**