2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State
02-29-2008 90016 044 ***150.00

DOCUMENT # P05000053338

1. Entity Name
ORACLE LAND INC.

Principal Place of Business	Mailing Address
~~3191 CORAL WAY~~ ~~SUITE 624~~ ~~CORAL GABLES, FL 33145~~	~~3191 CORAL WAY~~ ~~SUITE 624~~ ~~CORAL GABLES, FL 33145~~

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2828 CORAL WAY		2828 CORAL WAY	
Suite, Apt. #, etc. 308		Suite, Apt. #, etc. 308	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33145	Country USA	Zip 33145	Country USA

01312008 Chg-P CR2E034 (12/06)

4. FEI Number 20-2673039 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MELO, PAULO T ~~3191 CORAL WAY 624~~ ~~MIAMI, FL 33145~~	Name SAME Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY 308 City MIAMI FL Zip Code 33145

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	D MELO, PAULO ~~3191 CORAL WAY SUITE 624~~ ~~CORAL GABLES, FL 33145~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 2828 CORAL WAY # 308 MIAMI, FL, 33145	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMILDO, MELO ~~3191 CORAL WAY 624~~ ~~MIAMI, FL 33145~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 2828 CORAL WAY #308 MIAMI, FL, 33145	☑ 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] 2/22/2008 305 567 1163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #