2006 FOR PROFIT CORPORATION

May 10, 2006 8:00 am Secretary of State **ANNUAL REPORT** 05-10-2006 90098 040 ***150.00 DOCUMENT # P05000057668 EXCLUSIVE HOME BUYERS, INC. 60033311 Principal Place of Business Mailing Address 602 EAST ENCLAVE CIRCLE 602 EAST ENCLAVE CIRCLE PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05082006 CR2E034 (11/05) City & State City & State Applied For 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 CRAZA ZAYAS, ARIEL Street Address (P.O. Box Number is Not Acceptable) 625 75TH STREET #3 MIAMI BEACH, FL 33141 602 EAST ENCLAVE CIRCLE City Pemproxe FINE = 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 he obligations of registered agent بال teres Signature, tyled or printed name of registered agent and tipe (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TREDIDENT/ DECRETARY BATI TITLE Delete TITLE Change ☐ Addition NAME STA, JOHN R JOHN R. BATISTA NAME STREET ADDRESS 602 EAST ENCLAVE CIRCLE STREET ADDRESS 602 EAST ENGLAVE CIRCLE CITY-ST-ZIP PEMBROKE PINES, FL 33027 CITY-ST-ZIP Pembruke PINES FL 38027 TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition

I hereby certify that the information supplied with this filling 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 five and accurate and that my signature stall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or mystee consequent 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 articles, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-7IP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~182 **5**842 Daytime Phone #

FILED

ATTACHMENT

May 8, 2006

60037711

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

REF: EXCLUSIVE HOME BUYERS, INC. DOCUMENT # P05000057668

To Whom It May Concern:

Enclosed please find check for \$150.00 for my annual renewal, the reason that it had not been sent is that I had not received prior notice.

If you have any questions, please do not hesitate to contact me at 305-582-5842.

Sincerely,

John R. Batista

Presedet