2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jul 19, 2007 8:00 am Secretary of State

07-19-2007 90024 019 ***150.00

DOCUMENT # P05000062374 REGIS CATHEDRAL CORPORATION 40126082 Principal Place of Business Mailing Address 10090 NW. 80 CT 10090 NW. 80 CT 1303 1303 HIALEAH, FL 33016 HIALEAH, FL 33016 2. Principal Place of Business - No P.O. Box # 3. Mailing Address NH. 76 CT 17610 ρh . 17610 Suite, Apt. #, etc. Suite, Apt. #, etc. 07032007 Chg-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number 20-2748175 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 Name PAREDES, PEDRO Street Address (P.O. Box Number is Not Acceptable) 9221 CRESCENT DRIVE MIRAMAR, FL 33025 Zip Code 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 the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Channe TITLE ☐ Delete HITE ☐ Addition Rodriguez. REGIS RODRIGUEZ, REGIS NAME NAME STREET ADDRESS 10090 NW. 80 CT # 1303 STREET ADDRESS 17610 NW. 76 CT. HIALEAH, FL 33016 CITY-ST-7IP CHY-ST-7IP Hizlezh. FL TR TITLE ☐ Delete Change ■ Addition TITLE Recis odriguez. NAME RODRIGUEZ, REGIS NAME 76 CT. 7610 NW. STREET ADDRESS 10090 NW. 80 CT # 1303 STREET ADDRESS 33015 HIZLEAD, FL CITY-ST-ZIP HIALEAH, FL 33016 CITY-ST-ZIP ☐ Delete THEE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE THE 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

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: