2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 09, 2007 8:00 am **Secretary of State** DOCUMENT # P05000088088 1. Entity Name 07-09-2007 90048 012 ***558.75 P.M.É., INC. Principal Place of Business Mailing Address 41143300 4937 SW 135TH AVE 1887 HARBOR VIEW CIR MIRAMAR, FL 33027 WESTON, FL 33327 Principal Place of Business No P.O. Box # 0800 NW 21st Street 3. Mailing Address 0800 NW WN 0080 Suite, Apt. #, etc. Suite Apt. #, etc. 07062007 Chg-P CR2E034 (12/06) 130 rule Micami City & State 4. FEI Number Applied For Miami - Florida Florida 20-3035545 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ΪŠΑ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNANDEZ, MIGUEL 4937 SW 135TH AVE MIRAMAR, FL 33027 Miami 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. 7-7-07 SIGNATURE. (NOTE: Registered Agent signature required when reinstaung) ad or printed name of registered agent and title if applicable FILE NOW!!! FEE 18 \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TETLE 🔼 Change Addition Miguel Fernandez 10800 NW 21st Street # 130 FERNANDEZ, MIGUEL NAME NAME STREET ADDRESS 4937 SW 135TH AVE STREET ADDRESS Miami - Fla CITY-ST-ZIP MIRAMAR, FL 33027 CITY-ST-ZIP 33172 TITLE TITLE Delete ☐ Change X Addition Ciaudia Delgado 10800 NW 21 st MENDEZ, JOSE A NAME NAME # 130 Street STREET ADDRESS 4937 SW 135TH AVE STREET ADDRESS 33172 MIRAMAR, FL 33027 Miami, Fla CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HILE ☐ Change TIBE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TETLE 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 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.

Miquel Fernandez

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SI

7-7-07

FILED