2006 FOR PROFIT CORPORATION ANNUAL REPORT ---

SIGNATURE:

Secretary of State **DOCUMENT # P05000109649** 04-10-2006 90331 018 ***150.00 1. Entity Name MISHPUCHA, INC. Principal Place of Business Mailing Address 3723 GREEN RIDGE ROAD 6700 S.W. 129 PL. FURLONG, PA 18925 MIAMI, FL 33183 3. Mailing Address 2. Principal Place of Business 12641 Stonebook diacle Suite, Apt. #, etc. Suite, Apt. #. etc. 03242006 CR2E034 (11/05) Day's State 4. FEI Number 331163 City & State Applied For Not Applicable Country US: Country Zιρ \$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 ZVEIBIL, SALLY DOROTHY Street Address (P.O. Box Number is Not Acceptable) 6700 S.W. 129 PL. MIAMI, FL 33183 City Zip Code 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 tide if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES ☐ Delete ☐ Addition TITLE TITLE Change BRAND, ERIC J NAME 3723 GREEN RIDGE ROAD STREET ADDRESS STREET ADDRESS GITY - ST- ZIP MIAMI, FL 18925 CITY-ST-ZIP VΡ Change ■ Addition TITLE TITLE ☐ Delete NAME NAME BRAND, FLAVIA Z STREET ADDRESS STREET ADDRESS 3723 GREEN RIDGE ROAD CITY-ST-ZIP MIAM!, FL 18925 CITY-ST-ZIP TITLE ☐ De!ete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST- UP Change TiTLE ☐ Addition TITLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-23P CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 12. Thereby certify that the information supplied with this tiling 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 each; that I am an officer or director of the corporation or the receiver or trustee empowered to exempte 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 the empowered. Eric J.

FILED May 05, 2006 8:00 am