2007 FOR PROFIT CORPORATION

FILED Ian 29, 2007, 08:00 AM

| | AMMOAL | REFORI | | _ | | | / 00.00 A |
|---|--|--|---|---------------------------------------|--|--|--|
| DOCUMENT # P05000111864 1. Entity Name BANYAN HOLDINGS AND INVESTMENT, INC. | | | | Secretary of State | | | |
| • | ce of Business IST STE: 510 33010 | Mailing Address 900 W 49TH ST STE: 510 HJALEAH, FL 33010 | \(\frac{1}{2}\) | | ###################################### | | ANDRO ANNI DENIN DINI DINI DENI |
| D | OO NOT WRITE | IN THIS SPA | CE | 01222007 4. FEI Number 20-3309 | No Chg-P | r: ::::::::::::::::::::::::::::::::::: | 034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required |
| | 6. Name and Address of Current Re | gistered Agent | T | | | | |
| ROCA, JOSE R 900 W 49TH ST STE: 510 HIALEAH, FL 33010 8. The above named entity submits this statement for the purpose of changing its registers | | | DO NOT WRITE IN THIS SPACE ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept | | | | |
| the obligat | tions of registered agent. | | | | , | | - marring start and a decorate |
| SIGNATURE_ | | | | | | | |
| SIGNAL OFFICE | Signature, typed or printed name of registered agent and | ide il applicable (NOTE Registere | d Agent signature required | when reinstating) | | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution. | | | | GO May Be ed to Fees | | | |
| 10. | OFFICERS AND DIE | RECTORS | <u> </u> | · · · · · · · · · · · · · · · · · · · | a Terrority (Fig. | | : |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROCA, JOSE R 900 W 49TH ST STE: 510 HIALEAH, FL 33010 | | | | U00 02/01/ | 00060 07-80 | 19292 1045-009 150.0 |
| NAME STREET ADDRESS CITY-ST-ZIP | ROCA, JOSEPHS 900 W 49TH ST STE: 510 HIALEAH, FL 33010 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO I | NOT W | RIT | E |

STREET ADDRESS CITY-ST-ZIP 12. 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 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:

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP MILE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IN THIS SPACE