2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

1. Entity Name	MENT # P05000112			04-28-2008 90344 003 ***150.00					
Principal Place of Business Mailing Address									
31 KING STRE		31 KING STREET			. ' '.				
SAINT AUGUS	TINE, FL 32084 US	SAINT AUGUSTINE, FL 3	32084 US						
2 Principal BI	ace of Business - No P.O. Box #	3. Mailing Address							
. Z. FIIICIPALFI	ace of business - No F.O. box #	3. Mailing Address	Walling Address						
Suite, Apt. #. etc.		Suite, Apt. #, etc.		04172008	Chg-P	CR2E	034 (12/06)		
City & State		City & State		4. FEI Numbe				olled For	
Zip	ip Country Zip		Country	20-3296			\$8.75 Addi	Applicable tional	
					of Status Desired		Fee Required		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
MEZIN, EYAL				Street Address (P.O. Box Number is Not Acceptable)					
420 CENTRAL STREET SAINT AUGUSTÍNE, FL 32095				Street Address (F.O. BOX Number is Not Acceptable)					
				FL Zip Code					
the obligat	named entity submits this Statement ions of registered agent. Signature: typed or printed name of registered age		E: Registered Agent signature		ar, wi the State Of	DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008,Fee will be \$550			\$5.00 May Be Added to Fees	·				
10.	OFFICERS AN		11.	ADDITIONS/	CHANGES TO O	FFICERS AN			
TITLE"	P EV	Delete	TITLE		ا ا ا		Change	☐ Addition	
STREET ADDRESS	420 CENTRAL STREET.		STREET ADDRESS	31 K120 -	1 King Street 32084 Bint Augustine, FL 32084				
CITY-ST-ZIP	07.11(7.710-00)71(12)712-012-01			Spint Au	gustine,	FL_	<u>Communication</u>	3	
NAME		☐ Detete	TITLE NAME				☐ Change	Addition	
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TITLE		☐ Delete	TITLE NAME				Change	Addition	
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STREET ADDRESS			STREET ADDRESS					•	
CITY-ST-ZIP			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 chapter 607 or an attachment with an address, with all other like empowered.

SIGNATURE:

SUAL MUSIC - EUSI MCZIN

4-24-08 (786) 201