2008 FOR PROFIT CORPORATION

Apr 30, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P05000139827** 04-30-2008 90181 033 ***150.00 1. Entity Name PHILL CUSTOM SERVICES, INC. 60033342 Mailing Address Principal Place of Business 1564 FOREST LAKES CIRCLE 1564 FOREST LAKES CIRCLE SUITE C SUITE C WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33406 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242008 CR2E034 (12/06) Chg-P Applied For City & State 4. FEI Number City & State 20-3664683 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RESTREPO, HERNAN D Street Address (P.O. Box Number is Not Acceptable) 1564 FOREST LAKES CIRCLE SUITE C WEST PALM BEACH, FL 33406 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 title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. P.T TITLE ☐ Change Addition Detele TITLE EILANDER LUNA RESTREPO, HERNAN D NAME NAME 4762 COLE STREET 1564 FOREST LAKES CIRCLE, SUITE C STREET ADDRESS STREET ADDRESS CITY-ST-7IP HAYERHILL FL 33417 WEST PALM BEACH, FL 33406 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete HENAO, CARLOS H NAME NAME 4654 PERTH RD STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33415 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition TELE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP Delete ☐ Change ☐ Addition TITLE 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.

TATLE

NAME

STREET ADORESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

KEAMA DAVID MANO OFFICER OR DIRECTOR

☐ Delete

04-25-04

FILED

Daytime Phone #

☐ Change

☐ Addition