2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000001075 08-17-2007 90031 001 ***158.75 1. Entity Name MAIR'S BUSINESS SERVICES, INC. Principal Place of Business Mailing Address REALTPAO 16332 SW 31 STREET 16332 SW 31 STREET MIRAMAR FL 33027 MIRAMAR FL 33027 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/07) 4. FEI Number 20 - 4000 876 City & State City & State Applied For Not Applicable \$8.75 Additional Zio Country Zın Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** Zip Code 8. The above named entity submits that 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 runner of registered agent and after dues identified поть Винания Арен придаго основно ответствания FILE NOW!!! FEE IS \$550.00 \$.607 (93(2Xb), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Bu DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies if Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THILE ☐ Detate ☐ Addition Change NAME NAME 16332 SW 31 STREET STREET ADDRESS STREET ADORESS MIRAMAR FL 33027 CITY-ST-ZIF TITLE ☐ Catele TITLE Change Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZIP TITLE ☐ Delete THIE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS COT-SI-AR CITE-SI-ZP Delete Addition NAME MARIE STREET ADDRESS STREET ADORESS CIIV-ST-ZIP CITY-ST-ZIP Delete TITLE Change TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-27 CITY-ST-ZIP HILE TIFLE Delete ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this teling does not quality for the exemptions contained in Chapter 119. Florida Statutes 1 further certify that the information indicated on this report or supplicmental 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 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. Karen

FILED

Aug 31, 2007 8:00 am Secretary of State