2008 FOR PROFIT CORPORATION

May 12, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P06000015367** 05-12-2008 90026 038 ***150.00 AB AT HIDDEN LAKE, INC. Principal Place of Business Mailing Address 4155 SW 130TH AVENUE 4155 SW 130TH AVENUE #201 MIAMI, FL 33175 MIAMI, FL 33175 CR2E034 (11/05) No Chg-P 03312008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4233718 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HENRY A. LOPEZ-AGUIAR, P.A. DO NOT WRITE 9415 SUNSET DRIVE 119 IN THIS SPACE MIAMI, FL 33173 8. The above Aamed entity subr of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation ne of registered agent and (NOTE legistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D HTLE ADRIAN, ALVARO L NAME STREET ADDRESS 4155 SW 130TH AVENUE, #201 CITY-ST-ZIP MIAMI, FL 33175 PRES TITLE ADRIAN, ALVARO L NAME STREET ADORESS 4155 SW 130TH AVENUE, #201 CITY-ST-ZIP MIAMI, FL 33175 TREA TITLE ADRIAN, ALVARO L NAME STREET ADDRESS 4155 SW 130TH AVENUE, #201 DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33175 IN THIS SPACE TITLE SEC NAME ADRIAN, ALVARO L STREET ADDRESS 4155 SW 130TH AVENUE, #201 CITY-ST-7IP MIAMI, FL 33175 TITLE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

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 of trustee improvered 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytma Phone #