2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR)

FILED Jan 31, 2008 08:00 A Secretary of State DOCUMENT # P06000018827 GO SHIN RYU USA FEDERATION, INC. Principal Place of Business Mailing Address 2600 SW 17TH STREET MIAMI FL 33145 2600 SW 17TH STREET MIAMI FL 33145 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-4276766 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, RAMON 2600 SW 17TH STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33145** City Zib 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 Spanish, typed or milled Han High registrated quant and the Hamplesade (NOTE: Registried Agent's gisture required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE TITLE ☐ Addition U00000806859 RODRIGUEZ, RAMON NAME NAME 02/06/08-80059-012 150.00 STREET ADDRESS 2600 SW 17TH STREET STREET ADDRESS CITY ST-ZIP **MIAMI FL 33145** CITY-ST-7IP ☐ Derete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY ST-ZIP Deiete HILLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS OITY-ST-ZIP CITY-ST-ZIP 1171.0 ☐ Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-Zi2 CITY - 31 - ZIP Delete 11011 Change ☐ Addition HAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-S1-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 attrachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE and typed on Printed Name of Signing Officer on Director.