2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 23, 2007 8:00 am Secretary of State DOCUMENT # P06000023453 04-23-2007 90271 012 ***150.00 PANDAK PROPERTIES FLORIDA INC. Principal Place of Business Mailing Address 22820 MARLBORO 2570 JETSKE CIR. DEARBORN, MI 48128 ORANGE CITY, FL 32763 2. Principal Place of Business No P.O. Box # 3. Mailing Address SAME Suite, Apt. #, etc Suite, Apt. #, etc. 04172007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 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 **BOCCAROSSA, PIERO** Street Address (P.O. Box Number is Not Acceptable) 2570 JETSKE CIR #B **ORANGE CITY, FL 32763** City Zip Code 8. The above named eptity sybmits this statement or 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 SIGNATURE. ture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algrature required when reinstating) 9. Election Campaign Financing \$5.00 мбу Ве FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BOCCAROSSA, UGO** NAME NAME STREET ADDRESS 2570 JETSKE CIR #B STREET ADDRESS CITY-ST-ZIP ORANGE CITY, FL 23763 CITY-ST-ZIP VΡ TITLE Delete TITLE Change ☐ Addition **BOCCAROSSA, SIMPLICIA** NAME NAME STREET ADDRESS 2570 JETSKE CIR #B STREET ADDRESS CITY-ST-ZIP ORANGE CITY, FL 32763 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY- ST- 7IP 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 pustee empowered of 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 If other like empowers SIGNATURE: Daytime Phone