2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 29, 2007 8:00 am Secretary of State **DOCUMENT # P06000035932** 1. Entity Name 03-29-2007 90023 033 ***150 00 S & D MOUNTAIN PROPERTIES, INC. Mailing Address Principal Place of Business 40044468 11011 SW 69 DRIVE 11011 SW 69 DRIVE MIAMI, FL 33173 MIAMI, FL 33173 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip 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 DOMINGUEZ, CARMEN Street Address (P.O. Box Number is Not Acceptable) 11011 SW 69 DRIVE MIAMI, FL 33173 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 (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition NAME SIXTO, FELIPE E NAME STREET ADDRESS 9624 BRIGADOON PLACE STREET ADDRESS CITY-ST-ZIP FREDERICK, MD 21704 CITY-ST-7IP ☐ Change ■ Addition **Delete** DOMINGUEZ, GERRY STREET ADDRESS 11011 SW 69 DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SIXTO, LAURA M NAME NAME STREET ADDRESS 9624 BRIGADOON PLACE STREET ADDRESS CITY-ST-ZIP FREDERICK, MD 21704 CITY-ST-ZIP ☐ Change TITt F ☐ Addition TITLE 🔀 Delete DOMINGUEZ, CARMEN C NAME NAME STREET ADDRESS 11011 SW 69 DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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. Felipe Sixto 3/20/07 301-874-0228

SIGNATURE:

FILED