2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State
02-21-2008 90020 047 ***150.00

DOCUMENT # P06000045844

1. Entity Name
MCCAW FLORIDA CORP.

Principal Place of Business
~~3191 CORAL WAY, SUITE 623/624~~
~~MIAMI, FL 33145~~

Mailing Address
~~3191 CORAL WAY, SUITE 623/624~~
~~MIAMI, FL 33145~~

01312008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2828 CORAL WAY	2828 CORAL WAY
Suite, Apt. #, etc. 308	Suite, Apt. #, etc. 308
City & State MIAMI FL	City & State MIAMI FL
Zip 33145 Country USA	Zip 33145 Country USA

4. FEI Number 20-4625520 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIMARAES, GABRIELA
~~3191 CORAL WAY, SUITE 623/624~~
~~MIAMI, FL 33145~~

7. Name and Address of New Registered Agent

Name N/A
Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY #308
City MIAMI FL Zip Code 33145

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] 02/18/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINS NETO, JOSE T ~~3191 CORAL WAY, SUITE 623/624~~ ~~MIAMI, FL 33145~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2828 CORAL WAY # 308 MIAMI, FL, 33145 ☐ Change ☐ Addition
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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.

SIGNATURE: [signature] 02/18/08 (305) 567-1163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #