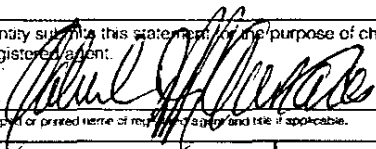
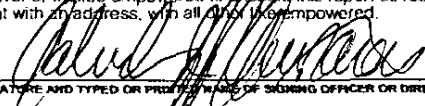


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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	
2. Principal Place of Business - No P.O. Box # 2828 CORAL WAY Suite, Apt. #, etc. 308 City & State MIAMI FL Zip 33145 Country USA		3. Mailing Address 2828 CORAL WAY Suite, Apt. #, etc. 308 City & State MIAMI FL Zip 33145 Country USA	
4. FEI Number 20-4625520		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		01312008 Chg-P CR2E034 (12/06)	
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 NIA 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:  DATE: 02/18/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
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	☐ Delete D LINS NETO, JOSE T 3191 CORAL WAY, SUITE 623/624 MIAMI, FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 2828 CORAL WAY # 308 MIAMI, FL, 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 prepare 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 those empowered.			
SIGNATURE: 		Date: 02/18/08 Daytime Phone #: 305/5681163	