2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P06000054801 02-01-2007 90031 012 ***150.00 JULIÓ TORO BOBCAT, INC. Principal Place of Business Mailing Address 14970 SW 82 LN 14970 SW 82 LN MIAMI, FL 33193 MIAMI, FL 33193 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142007 Chg-P CR2E034 (12/06) City & State City & State FEI Number Applied For 0-47 Not Applicable Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TORO, JULIO C Street Address (P.O. Box Number is Not Acceptable) 14970 SW 82 LN 103 MIAMI., FL 33193 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 hypod or printed name of registered agent and title if ngaticable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete MLE ☐ Change ☐ Addition TORO, JULIO C NAME NAME STREET ADDRESS 14970 SW 82 LN #103 STREEL ADDRESS CITY-ST-ZIP MIAMI, FL 33193 City-St-ZiP THUE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete BHF ☐ Change ■ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP HILE ☐ Defete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete THEF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZiP CITY-ST-7P Delete PILE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 12. Thereby 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 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:

Date

Daytime Phone #

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 01, 2007 8:00 am