2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 11, 2007 8:00 am Secretary of State **DOCUMENT # P06000058277** 04-11-2007 90036 002 ***150.00 1. Entity Name JORGE'S CITY FENCE INC 40021000 Mailing Address Principal Place of Business 111 SW 62ND CT 2 MIAMI, FL 33144_ 111 SW 62ND CT (MIAMI, FL 33144) CHANGE A CHANGED 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7837 SW 31 7837 SW Suite, Apt. #, etc. Suite, Apt. #, etc. 04052007 CR2E034 (12/06) N/A N/A City & State City & State 4. FEI Number Applied For 20-4759929 Not Applicable Zip Zio Country \$8.75 Additional 5. Certificate of Status Desired MIAWI DADE 33/11 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALDERON. CALDERON, JORGE Street Address (P.O. Box Number is Not Acceptable) 111 SW 62ND CT & CHANGE A Zip Code 多ろ/ソン MIANI 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) 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Z Change Addition CALDERON, JORGE NAME NAME 7837 SW 31 111 SW 62ND CT STREET ADDRESS STREET ADDRESS CHANGEA MIAMI, FL 33144 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 to spee 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. 1786 291 7010

FILED