2007 FOR PROFIT CORPORATION ANNUAL REPORT

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UNZUETA & UNZUETA INC 40053367 Principal Place of Business Mailing Address 1607 SW 8TH STREET 1607 SW 8TH STREET MIAMI, FL 33135 MIAMI, FL 33135 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022007 CR2E034 (12/06) Chg-P City & State 4. FEI Number City & State Applied For 20-49389 Not Applicable Zip Country Zip 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 UNZUETA, ENAIDA M Street Address (P.O. Box Number is Not Acceptable) 2400 SW 3RD AVE MIAMI, FL 33131 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 ignature, typed or priviled name of regulared agent and title if applicable. (NOTE: Begistered Age 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 11. HILE Delete IIII Change ■ Addition NAME UNZUETA, ENAIDA M NAME 2400 SW 3RD AVENUE STREET ADDRESS. STREET ADDRESS CITY - ST - ZIP MIAMI, FL 33131 CITY-ST ZIP HILE Delete 10116 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZiP ITILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Crty-St-ZiP TITLE Delete TITLE ☐ Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY ST ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST 7/P HILL Delete LITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP

12. I hereby 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 trusted 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 dither like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 07