2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P06000069317 07 APR 23 PH 12: 20 RIGITAL, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7040 W. PALMETTO PARK ROAD. 7040 W. PALMETTO PARK ROAD PMB 4303 PMB 4303 BOCA RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 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 WEINSTEIN, ERIC Street Address (P.O. Box Number is Not Acceptate BARBIERI & WEPRIN, PLC 7040 W. PALMETTO PARK ROAD PMB 4303 BOCA RATON, FL 33433 Zip Code Boca Raton, Florida 33433 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent ate of Florida. I am familiar with, and accept SIGNATURE. Signature, typed or printed ared agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWLY FEE IS \$160.00 П Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Delete ☐ Change ☐ Addition MAME WEINSTEIN, ERIC NAME STREET ADDRESS 7040 W. PALMETTO PARK ROAD, PMB 4303 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY - ST - ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME 800101233568 05/02/07--01051--014 **75 STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **750.00 TITEE Delete THILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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 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 supplied in the receiver of 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 agreedness, with all other like empowered. SIGNATURE: