2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: ~

Jun 12, 2008 8:00 am Secretary of State DOCUMENT # P06000074253 06-12-2008 90002 032 ***150 00 OMI YINKA BOTANICA AND MINIMARKET INC Principal Place of Business Mailing Address 60044419 28726 S DIXIE HWY 28726 S DIXIE HWY HOMESTEAD, FL 33033 HOMESTEAD, FL 33033 2. Principat Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06042008 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 20-4942645 Not Applicable 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 Namo LEON, CARMEN A Street Address (P.O. Box Number is Not Acceptable) 28726 SOUTH DIXIE HWY HOMESTEAD, FL 33033 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 12, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Change Addition TITLE Delete Jacqueline Soler NAME LEON, CARMEN A NAME 28726 S. DIXIC HWY 28726 SOUTH DIXIE HWY STREET ADDRESS STREET ADDRESS HOMESTEAD, FL 33033 CITY-ST-ZIP CITY-ST-ZIP . ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-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 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.

FILED