2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P06000078910 03-12-2007 90366 045 ***150.00 1. Entity Name TUNÁ DE WESTON, INC. 40034080 Principal Place of Business Mailing Address 1024 NW 124TH TERRACE 1024 NW 124TH TERRACE SUNRISE, FL 33323 SUNRISE, FL 33323 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4378 E. Whitewater Av 4378 E. Whitewater Av Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P CR2E034 (12/06) 03072007 Applied For City & State City & State 4. FEI Number Weston 20-5014044 Not Applicable Zip Country 125A \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent e. PARDO, CARLOS A ddress (P.O. Box Number is Not Acceptable) ON. Corporate Lakes 1024 NW 124TH TERRACE SUNRISE, FL 33323 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P Delete Addition Change : TITLE TITLE Calle, Harold 1820 N. Corporate Lakes Blk. Ste 108 PARDO, CARLOS A NAME NAME 1024 NW 124TH TERRACE STREET ADDRESS STREET ADDRESS SUNRISE, FL 33323 CITY-ST-ZIP CITY-ST-ZIP weston, F1 33326 VP TITLE **Delete** TITLE Change . ■ Addition Lopez, Claudia 624 Stanton Dr. BERNAL, MARTHA L NAME 4203 CHERRYWOOD CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON, FL 33331 CITY-ST-ZIP Neston, Fl 33326 Delete TITLE TITLE ☐ Change **Addition** Jaramillo, Luz Marina 4378 E. Whitewater Av ZAIOUR, CECILIA F NAME STREET ADDRESS 3702 VISTA WAY STREET ADDRESS CITY-ST-7IP WESTON, FL 33331 CITY-ST-ZIP Weston, F1 33332 ☐ Delete Change TITLE - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 12, 2007 8:00 am