2007 FOR PROFIT CORPORATION

Secretary of State ANNUAL REPORT 03-15-2007 90017 038 ***150.00 DOCUMENT # P06000088496 MARGI ENTERPRISES INC. 40035987 Mailing Address Principal Place of Business 2183 ALWORTH TERR. 2183 ALWORTH TERR. WELLINGTON, FL 33414 WELLINGTON, FL 33414 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02222007 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARGOLIES, ANDREW Street Address (P.O. Box Number is Not Acceptable) 2183 ALWORTH TERR. WELLINGTON, FL 33414 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable DATE (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition ☐ Delete TITLE TITLE Margolies 2183 Alw MARGOLIES, ANDREW NAME STREET ADDRESS 2183 ALWORTH TERR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON, FL 33414 Addition Delete TITLE ☐ Change DILE morgoires, Step 2183 Alworth NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP [] Change ☐ Addition Delete TITLE TITLE NAME NAME

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 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 nt with an address

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7/P

SIGNATURE AND TYPED OR PRINT

FILED Mar 15, 2007 8:00 am