2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# P06000097211

Entity Name: IGNATER CORPORATION

Current Principal Place of Business:

3899 TREETOP DRIVE
WESTON, FL 33332

New Principal Place of Business:

3899 TREE TOP DRIVE
WESTON, FL 33332

Current Mailing Address:

3899 TREETOP DRIVE
WESTON, FL 33332

New Mailing Address:

3899 TREE TOP DRIVE
WESTON, FL 33332

FEI Number: 20-5269710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NOGUERA LECAROS, LUIS F
3899 TREETOP DRIVE
WESTON, FL 33332 US

Name and Address of New Registered Agent:

NOGUERA LECAROS, LUIS F
3899 TREE TOP DRIVE
WESTON, FL 33332 US

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.

SIGNATURE: _____ 01/29/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NOGUERA LECAROS, LUIS F
Address: 3899 TREETOP DRIVE
City-St-Zip: WESTON, FL 33332

Title: TD ( ) Delete
Name: MASSARDO GAMBERINI, CLAUDIA M
Address: 3899 TREETOP DRIVE
City-St-Zip: WESTON, FL 33332

Title: D ( ) Delete
Name: EYNAUDI MASSARDO, PAOLA F
Address: 3899 TREETOP DRIVE
City-St-Zip: WESTON, FL 33332

Title: D ( ) Delete
Name: EYNAUDI MASSARDO, GIOVANNA M
Address: 3899 TREETOP DRIVE
City-St-Zip: WESTON, FL 33332

Title: D ( ) Delete
Name: EYNAUDI MASSARDO, GIANCARLO
Address: 3899 TREETOP DRIVE
City-St-Zip: WESTON, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: NOGUERA LECAROS, LUIS F
Address: 3899 TREE TOP DRIVE
City-St-Zip: WESTON, FL 33332

Title: TD (X) Change ( ) Addition
Name: MASSARDO GAMBERINI, CLAUDIA M
Address: 3899 TREE TOP DRIVE
City-St-Zip: WESTON, FL 33332

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS FELIPE NOGUERA L PD 01/29/2009
Electronic Signature of Signing Officer or Director — Date