2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P06000104417 01-16-2007 90181 039 ***150.00 PASCO P.R. DEVELOPMENT, CORP. Principal Place of Business Mailing Address 0000-4103 SPARROW CT. 4103 SPARROW CT. TAMPA, FL 33558 TAMPA, FL 33558 LUTZ 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 CR2E034 (12/06) Cha-P City & State City & State 1. FEI Number 495362 Applied For Not Applicable Country Zio 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 Name RAMOS, JOSE S. 4103 SPARROW CT. Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33558 LUTZ City 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 to print or invasion or augent and other all applicable (NOTE: Registered Agent signature required when reinstelling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PN TITLE Delete TITLE ☐ Addition ☐ Change SEGARRA, JUAN A. NAME MAME STREET ADDRESS 4103 SPARROW CT. STREET ADDRESS CITY-ST-ZIP TAMPA FL 33558 LUTZ CITY-ST-ZIP INTLE Delete MILE Change Addition NAME LIZ. SANDRA P. NAME STREET ADDRESS 4103 SPARROW CT. STREET ADDRESS Lutz TAMPA, FL 33558 CITY-ST-ZIP CITY-ST-709 ☐ Delete ■ Addition NAME NAME STREET ADORESS STREET ADORESS CITY - ST - ZIP CITY-ST-ZP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP fifi F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete ☐ Change Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY-33-21P 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 these composition or the receivery or trustee employered 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 all other like empowered.

FILED Feb 20, 2007 8:00 am #P66006104417

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE P.O. BOX 9003 HOLTSVILLE NY 11742-9003

001)79.276103.0008.001 2 MB 0.563 1020

Date of this notice: 09-22-2006

Employer Identification Number: 20-5495362

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

PASCO PR DEVELOPMENT CORP 4103 SPARROW CT TAMPA FL 33558

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-5495362. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941 Form 1120 Form 940 04/30/2007 12/15/2007 01/31/2008

If you have questions about the form(s) or the due dates(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at www.irs.gov.

If you believe your yearly employment taxes will be \$1,000 or less for the tax year (average annual wages of \$4,000 or less), please contact us on 1-800-829-0115. You will be required to file Form 944, Employer's Annual Federal Tax Return, rather than Form 941, Employer's Quarterly Federal Tax Return. This return will be due annually, on January 31, following the end of the tax year. You can pay your tax liability annually when you file your return, or you may choose to make more frequent deposits to reduce the balance due with your annual return. If you use a Reporting Agent or Tax Practitioner, inform him or her of your Form 944 filing requirement. If your annual liability rises to \$2,500 or more, you will be required to make deposits. If you do not make the required deposits, you may be subject to penalties and/or interest. Please refer to Publication 15 (Circular E), Employer's Tax Guide, for deposit requirements and for more details on the Form 944 annual filing program.

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LUTZ