2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

Jul 26, 2007 8:00 am Secretary of State DOCUMENT # P06000108925 07-26-2007 90031 022 ***150.00 CHOICE MEETINGS & CONVENTION SERVICES INC. Principal Place of Business Mailing Address 40127229 619 SE 14TH COURT 619 SE 14TH COURT FT LAUDERDALE, FL 33316 FT LAUDERDALE, FL 33316 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 619 SE 14TH COURT Suite, Apt. #, etc. Suite, Apt. #, etc. 07112007 Chg-P CR2E034 (12/06) SUITE Applied For _City & State FORT LAUDE 2DOLE City & State Not Applicable 33316 \$8.75 Additional Country 5. Certificate of Status Desired ŬSΑ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JB ZOCAL CHARLES JADUS, JR., CHARLES P Street Address (P.O. Box Number is Not Acceptable) **619 SE 14TH COURT** FT LAUDERDALE, FL 33316 SUITE # L FT LAUDERDALE 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 Typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 14, 2007 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition NAME JADOS, SR., CHARLES P MAME STREET ADDRESS 619 SE 14TH COURT STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33316 CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE JADOS, JR., CHARLES P NAME NAME 619 SE 14TH COURT STREET ADORESS STREET ADDRESS CITY-ST-ZIP CETY-ST-7IP FT LAUDERDALE, FL 33316 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME BERTHIN, RAFAEL G NAME STREET ADDRESS STREET ADORESS 619 SE 14TH COURT CITY-ST-ZP FT LAUDERDALE, FL 33316 CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/1Y-S1-7/P ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete 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 of trustee empowered to execute this period as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackmen

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