2007 FOR PROFIT CORPORATION

Jul 23, 2007 8:00 am Secretary of State **ANNUAL REPORT** 07-23-2007 90035 002 ***150.00 DOCUMENT # P06000110200 ORIPAC & ASSOCIATES, INC. 40150220 Principal Place of Business Mailing Address 12651 SOUTH DIXIE HIGHWAY SUITE 306 12651 SOUTH DIXIE HIGHWAY SUITE 306 PINECREST, FL 33156 PINECREST, FL 33156 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06182007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-5837184 Not Applicable Zip Country 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 CAPIRO, JORGE Street Address (P.O. Box Number is Not Acceptable) 14758 SW 159 PL MIAMI, FL 33196 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. Signifure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME AGUILAR, ROBERT NAME 9165 FONT, BLVD, #3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIF MIAMI, FL 33172 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-719 TITLE Delete THLE ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-SI-ZIP THILE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

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 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David C. Boas, C.P.A., P.A.

Certified Public Accountant

11440 N. Kendali Drive, Suite 205 Miami, Florida 33176 Tel: (305) 273-7770 Fax: (305) 595-4364

ATTACHMENT 40126349

June 19, 2007

Florida Department of State Division of Corporations PO Box 1500 Tallahassee, Fl 32302-1500

Re: Oripac & Associates, Inc. P06000110200 2007 Annual Report

Enclosed is the annual report and a check for \$150.00 for the above corporation which was incorporated August 18, 2006. The client did not receive a card in the mail and since this was his first year in business was unaware that an annual report had to be filed.

We are requesting that the \$400.00 penalty be waived.

Thank you for your cooperation in this matter. If you need any further information please contact me.

Very truly yours,

David C. Boas, C.P.A.

Llg vi & CRoss

Enc.