2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:>

May 08, 2007 8:00 am Secretary of State DOCUMENT # P06000113189 05-08-2007 90020 016 ***150.00 CEMÉXWALL, CORP. 40100 Principal Place of Business Mailing Address 7711 BUSINESS PK BLVD 7711 BUSINESS PK BLVD WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 14316 Cheverleigh Dr. 14316 Cheverleigh Dr. 04242007 CR2E034 (12/06) City & State 4. FEI Number Applied For City & State <u>Orlan</u> Hori da Orlan Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name SALINAS, SERGIO 14316 CHERVERLEIGH DR Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32837 City Zip Code FI 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 or printed name or registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 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 Defete HILE TITLE SALINAS, SERGIO NAME NAME STREET ADDRESS 7711 BUSINESS PK BLVD STREET ADDRESS WINTER GARDEN, FL 34787 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME TAPIA, JAIME NAME 7711 BUSINESS PK BLVD STREET ADDRESS STREET ADDRESS WINTER GARDEN, FL 34787 CITY-ST-ZIP CITY-ST-7/P Delete TITLE ☐ Change ☐ Addition RODRIGUEZ, JESUS NAME 7711 BUSINESS PK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 34787 CHY-ST-ZIE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIF CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-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 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.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED