2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

و ي حس موران

SIGNATURE:

Apr 13, 2007 8:00 am Secretary of State **DOCUMENT # P06000117865** 04-13-2007 90168 023 ***150.00 ARDÉN PARK CORP. AUUJJJJ -Principal Place of Business Mailing Address 5555 ANGLERS AVE., SUITE 1A 5555 ANGLERS AVE., SUITE 1A FT. LAUDERDALE, FL 33312 FT. LAUDERDALE, FL 33312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 CR2E034 (12/06) 4. FEI Number 20-553 3342 City & State City & State Applied For Not Applicable 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 REGISTERED AGENTS OF FLORIDA LLC Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND ST., SUITE 2900 MIAMI, FL 33131 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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DIRECTOR PIAZZA TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME 5555 ANGLERS AVENUE, STE IN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, PL 33312 DERECTOR TITLE Delete TITLE ☐ Change Addition MICHAEL NEAL NAME NAME 5555 ANGLERS AVENUE, STE 1A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAMBEROALE, FL 33312 DERETOR ☐ Delete TITLE ☐ Change Addition JACQUES GAMOTO STEVELMAN NAME NAME 5555 ANGLERS AVEIVUE, STE 1A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDGEDALE, FL 33312 DIRECTOR GILBERT BENHAMOU TITLE ☐ Delete TITLE NAME NAME 5555 ANGLERS AVENUE, STE 1A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERONLE, FL 333;2 Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 export 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 the stee 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.

ED OR PRINTED NAME OF SIGNING OFFICER

FILED