2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

MIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 08, 2007 8:00 am Secretary of State **DOCUMENT # P06000118608** 01-08-2007 90236 045 ***150.00 1. Entity Name BNY CORPORATION, INC. Principal Place of Business Mailing Address 60000230 11040 SW 4 STREET 11040 SW 4 STREET MIAMI, FL 33174 MIAMI. FL 33174 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 20-5551551 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NARANJO, YURY Street Address (P.O. Box Number is Not Acceptable) 11040 SW 4 STREET MIAMI, FL 33174 City Zip Code FL 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) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D ☐ Delete TITLE Change ☐ Addition TITLE NAME NARANJO, YURY NAME 11040 SW 4 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33174 CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ■ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED