2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 12, 2007 8:00 am Secretary of State **DOCUMENT # P06000125491** 07-12-2007 90055 050 ***150.00 NO RESPECT, INC. Principal Place of Business Mailing Address dalezan. 4501 PRAIRIE AVENUÉ, SUITE 6 4501 PRAIRIE AVENUE, SUITE 6 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 3. Mailing Address 2. Principal Place of Business - No P.O. Box # USO | Paris Avenue 402572 70. Box Suite, Apt. #, etc. 07092007 Chg-P CR2E034 (12/06) Applied For Migmi JP44 Not Applicable \$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 SOLOMON, DAVID Street Address (P.O. Box Number is Not Acceptable) 4501 PRAIRIE AVENUE, SUITE 6 MIAMI BEACH, FL 33140 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 trile if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 \$5.00 May Be 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. PREJIDENT TILE ☐ Delete TITLE ☐ Addition SOLUMON, DAVID 4501 Prairie the Apt #7 Miami Bruch, FC. 37140 SOLOMON, DAVID NAME NAME STREET ADDRESS 4501 PRAIRIE AVENUE, SUITE 6 STREET ADDRESS CTY-ST-ZP MIAMI BEACH, FL 33140 CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P DITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change ■ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-7P CITY-ST-ZIP TIBE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 frue 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 trustage 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 appliess, with aircrife like empowered. SIGNATURE: INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED