2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P06000132494 03-12-2007 90076 042 ***150.00 1. Entity Name 3815 AVENUE CORP. Principal Place of Business Mailing Address 848 BRICKELL AVENUE 848 BRICKELL AVENUE SUITE 830 SUITE 830 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 02082007 CR2E034 (12/06) City & State City & State 4 FEI Number Applied For 36-4595995 Not Applicable Country Zip Country Zip \$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 ADWAR, RENEE ESQ. Street Address (P.O. Box Number is Not Acceptable) 848 BRICKELL AVENUE SUITE 830 MIAMI, FL 33131 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Deicte TITLE Change ☐ Addition HERNANDEZ, JORGE A NAME NAME 848 BRICKELL AVENUE SUITE 830 STREET ADDRESS STREET ADDRESS MIAMI, FL 33131 CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

JOLGE HELN

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

HEKNON DE S

FILED

Mar 12, 2007 8:00 am