2007 FOR PROFIT CORPORATION

Mar 12, 2007 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P06000132497** 03-12-2007 90376 002 ***150.00 1. Entity Name 3811 AVENUE CORP. Principal Place of Business Mailing Address 848 BRICKELL AVENUE 848 BRICKELL AVENUE 40034599 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 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 16-1775780 Not Applicable Zip Country 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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Addition Change TITLE HERNANDEZ, JORGE A NAME NAME 848 BRICKELL AVENUE, SUITE 830 STREET ADDRESS STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 ah address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE;

SIGNATURE

CITY-ST-ZIP

JORGE HERNANDEZ D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED