2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 16, 2008 8:00 am Secretary of State 04-16-2008 90036 033 ***150.00 DOCUMENT # P06000142935 JRACCOUNTING, AND CO. CORP. 60024892 Principal Place of Business Mailing Address 8661 S.W. 137TH AVE STE 8661 BLDG 34 8661 S.W. 137TH AVE STE 8661 BLDG 34 MIAMI, FL 33183-4076 MIAMI, FL 33183-4076 2. Principal Place of Business - No P.O. Box # 3. Mailing Accress Suite, Apt. #, etc. Suite Apt # etc. 03292008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-5886963 Not Applicable Zip Country 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 ARROLIGA, JOSE R 8661 S.W. 137TH AVE STE 8661 BLDG 34 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33183-4076 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, typed or printed name of registered agent and title ℓ 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, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TIME ☐ Delete THILE ☐ Change Addition NAME ARROLIGA, JOSE R NAME STREET ADDRESS. 8661 S.W. 137TH AVE STE 8661 BLDG 34 STREET ADDRESS MİAMI, FL 331834076 CITY-ST-ZIP CITY-ST-ZIP ήnε Celete Accition TITLE Change : ARROLIAN MARTLA L 8661 S. Ø 1874 AVE STE 8661 Bldg 34 . NAME NAME \$TREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1710HI, FL 881884076 FITLE -- - Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ÉRE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-ST-ZIP TITLE D Detete Change TITLE Addition NAME NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119. Florida Statutés. I further certify that the information indicated on this report or supplied that 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 received of usate 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 of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-S1-ZIP

TITLE

NAME

SIGNATURE:

City-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

C Delete

Change

Accition

FILED