2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

Secretary of State DOCUMENT # P06000149713 02-26-2007 90055 049 ***150.00 **EZ-SATELLITE CORPORATION** Principal Place of Business Mailing Address! 6031 TOWN COLONY DR. 6031 TOWN COLONY DR. **SUITE # 117** SUITE # 117 BOCA RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business - No P.O. Box # 3440 Hollywood Blvd 3. Mailing Address 3440 Hollywood Blud. Suite, Apt. #, etc. Suite 415 Suite, Apt. #, et 02212007 Chg-P CR2E034 (12/06) Suitz 415 City & State City & State 4. FEI Number Applied For Hollywood 20.5997285 Not Applicable Broward Country Zip Zið \$8.75 Additional 5. Certificate of Status Desired Broward 33021 33021 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent John J VALENCIA, JOHN J John UP.O. Box Number is Not Acceptable) 6. 344h Count, Ap 6031 TOWN COLONY DR. **SUITE # 117** BOCA RATON, FL 33433 City 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. Lam familiar with, and accept the obligations of registered agent. (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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE ☐ Oelete TITLE Change Change ☐ Addition Valencia John J 20355 NE 34 Court, Apt 1024 VALENCIA, JOHN J NAME NAME STREET ADDRESS 6031 TOWN COLONY DR. # 117 STREET ADDRESS Aventura, fl 33180 BOCA RATON, FL 33433 CITY+ST-ZIP CITY-ST-ZIP VP TITLE ☐ Delete TITLE Change Ch Addition Valencia, Monica 20355 NE 34 Court, Apt 1024 VALENCIA, MONICA NAME NAME STREET ADDRESS 6031 TOWN COLONY DR. # 117 STREET ADDRESS Aventura, FL 33180 CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-71P TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS 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

FILED

Feb 26, 2007 8:00 am