2008 FOR PROFIT CORPORATION

Apr 24, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P07000009028 04-24-2008 90094 001 ***150.00 1. Entity Name RUMBA PALACE, INC. Principal Place of Business Mailing Address **6701 COLLINS AVENUE 6701 COLLINS AVENUE** ST. JULIEN ROOM ST. JULIEN ROOM MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172008 Chg-P CR2E034 (12/06) 4. FEI Number 20 - 828723 6 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZARETSKY, LOUIS Street Address (P.O. Box Number is Not Acceptable) 555 NE 15 STREET SUITE 100A MIAMI, FL 33132 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) 9. Election Campaign Financing \$5.00 May Be FILE NOWIJI FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Addition TITLE ☐ Defete ☐ Change NAME MERUELO, BELINDA NAME STREET ADDRESS 6701 COLLINS AVENUE, ST. JULIEN ROOM STREET ADDRESS MIAMI BEACH, FL 33141 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ■ Addition SANDOVAL, CARMEN M NAME NAME STREET ADDRESS 6701 COLLINS AVENUE, ST. JULIEN ROOM STREET ADDRESS CITY-ST-7IP MIAMI BEACH, FL 33141 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition GONZALEZ, DAVID-NAME NAME STREET ADDRESS 6701 COLLINS AVENUE, ST. JULIEN ROOM STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ☐ Change ☐ Addition 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

305-403-7494

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

SIGNATURE: