2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 17, 2008 8:00 am Secretary of State DOCUMENT # P07000014631 1. Entity Name 04-17-2008 90018 032 ***150.00 DISTINCT AFFAIRS, INC. Principal Place of Business Mailing Address 120 MONTCLAIRE DRIVE 120 MONTCLAIRE DRIVE 40069693 WESTON, FL 33326 WESTON, FL 33326 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302008 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 20-8897992 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HABIB, ALEJANDRA Street Address (P.C. Box Number is Not Acceptable) 120 MONTCLAIRE DRIVE WESTON, FL 33326 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 NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15 10. 11. ☐ Addition Delete TITLE TITLE HABIB, ALEJANDRA NAME NAME 120 MONTCLAIRE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326 CHY-ST-ZIP Change Addition VSD Delete TITLE 🖟 TITLE MONTANEZ, EMMETTE NAME MAME 705 MERHAID DR APT 300 STREET ADDRESS 2750 NW 44TH ST #613 STREET ADDRESS OAKLAND PARK: FC 33309 DEERFIELD BEACH, FL 33441 CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-2P ☐ Change ■ Addition Delete DITLE TITLE NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete MARIE 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 a other like empowered.

4.13.08

Daytime Phone #

FILED