FIT CORPORATION 2008 FOR

FILED May 28, 2008 8:00 am Secretary of State

| | Alta | DAE REI ORI | | _ Secretary of State |
|--|---|---|---------------------------------|---|
| DOCUMENT # P0700031418 1. Entity Name HAVANA INVESTMENT SERVICES, CORP. | | | | 05-28-2008 90010 035 ***150.00 |
| Principal Place of Business N | | Mailing Address | | |
| 840 S.W. 72ND AVENUE | | 840 S.W. 72ND AVENU | E | |
| MIAMI, FL 33174 | | MIAMI, FL 33174 | _ | |
| | | | | I (VOCATA IN BEIII (EBM PEN) GENT SEMI EBIGG INEN MEN ENEST IGEN ISINER IN IEEN |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | |
| 2. Frincipal Flace of Business - No F.O. Box # | | x # 3. Mailing Address | | I TORINOON III OBTIL INDIX EONI OBTIL USIIK DRIKA DRIKA IION UUTI UUDI KIDUU IUNBUU IL IUUD |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| | | | | 04302008 Chg-P CR2E034 (12/06) |
| City & State | | City & State | | 4. FEI Number Of 11/2 100 Applied For |
| | | | | Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired S8.75 Additional |
| | S Name and Address of (| Current Besistered Agent | | Fee Required |
| | 6. Name and Address of (| Corrent Registered Agent | Name 4 | 77. Name and Address of New Registered Agent |
| MIRABAL, | MAYLIN | | | TIPABAL MAYLIN. |
| 1020 SW 94TH AVE. Street Addres | | | | eys (P.O. Box Number is Not Acceptable) |
| MIAMI, FL | 33174 | | 0.10 | 64.) 30 // |
| | | | 140 | SU Ta thenve. |
| | _ | | City | Viani FL Zusca 174 |
| 8. The above | named entity salpmits this state | ement for the purpose of changing its | registered office or re | istered agent, or both, in,the State of Florida. I am familiar with, and accept |
| | tions of registered agent. | 3 3 | , | |
| | | | | |
| SIGNATURE. | Signature, typed or printed name of registr | ered agent and title if applicable. (NOTE | : Registered Agent signature re | quired when reinstating) DATE |
| | / | 150. | | |
| FIL | E NOWI!! FEE IS \$150. | 9. Election Campai | | \$5.00 May Be |
| After M | ay 1, 2008 Fee will be | \$550.00 Trust Fund Contr | ribuna | Added to Fees |
| 10. | OFFICE | RS AND DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE | PD | ☐ Delete | TITLE | resident / Change Addition |
| NAME | MIRABEL, MAYLIN | | NAME (| limbal Maylin |
| STREET ADDRESS | 1020 SW 94TH AVE. | | STREET ADDRESS | 210 20 20 20 20 20 20 20 20 20 20 20 20 20 |
| CITY-ST-ZIP | MIAMI, FL 33174 | ·· | CITY-ST-ZIP | 40 SW 72 AVENUE LYDDING TA 30 M |
| TITLE | VD | ☐ Delete | TITLE | Viewbusident. Dechange Addition |
| NAME | TRUJILLO, MICHEL D | | NAME | a lila elahal |
| STREET ADDRESS | 1020 SW 94TH AVE. | | STREET ADDRESS | The It as It as It |
| CITY-ST-ZIP | MIAMI, FL 33174 | | CITY-ST-ZIP | 4030) 72 AVENUR 4, UMI, TK. DOL 79 |
| TITLE NAME | | ☐ Delete | TITLE | / ☐ Change ☐ Addition |
| STREET ADDRESS | | | NAME STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | | TITLE | ☐ Change ☐ Addition |
| NAME | | L Delete | NAME | Change - Addition |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | 1 | | NAME | _ , |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TATLE | ☐ Change ☐ Addition |
| NAME | } | | NAME | } |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | L | | CITY-ST-ZIP | |
| indicated | on this report or supplemental | report is true and accurate and that n | ny signaturé shall have | ained in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director refor Florida Statutes; and that my pame appears in Rick 10 or Block 11 if |

of the corporation or the receiver or trustee empowered to execute this report of changed, or on an attachment with awardness, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date