2008 FOR PROFIT CORPORATION

SIGNATURE:

May 19, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P07000042246** 05-19-2008 90029 045 ***150.00 1. Entity Name SARÁBARA CORP. Principal Place of Business Mailing Address 4112000 2451 MCMULLEN BOOTH RD SUITE 312 2451 MCMULLEN BOOTH RD SUITE 312 CLEARWATER, FL 33759 CLEARWATER, FL 33759 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152008 CR2E034 (12/06) City & State City & State Applied For 20-8736415 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDROS CORPORATION Street Address (P.O. Box Number is Not Acceptable) 2451 MCMULLEN BOOTH RD SUITE 312 CLEARWATER, FL 33759 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE ☐ Addition ☐ Change FARANTATOS, G.N. NAME NAME STREET ADDRESS 2451 MCMULLEN BOOTH RD SUITE 312 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33759 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME APONTE, CARLOS 2451 MCMULLEN BOOTH RD SUITE 312 STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33759 CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition THLE TITLE OVANS, BRUCE NAME NAME 2451 MCMULLEN BOOTH RD SUITE 312 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33759 CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE 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 true each provided to execute this proof 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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED