2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P07000055248 01-14-2008 90100 033 ***150.00 1. Entity Name SPEÉDY-CYCLE CORP Principal Place of Business Mailing Address 40003292 17901 SW 152 CT 17901 SW 152 CT MIAMI, FL 33187 MIAMI, FL 33187 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01042008 CR2E034 (12/06) Chg-P 4. FEI Number 0335022 City & State City & State Applied For Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, AMERICA Street Address (P.O. Box Number is Not Acceptable) 17901 SW 152 CT MIAMI, FL 33187 City 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. Signature, typed or printed name of registered agent and title if applicable. (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, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change TITLE Delete ☐ Addition TITLE NAME HERNANDEZ, DELVIS NAME STREET ADDRESS 17901 SW 152 CT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33187 CITY-ST-ZIP DVP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition HERNANDEZ, AMERICA STREET ADDRESS 17901 SW 152 CT STREET ADDRESS MIAMI, FL 33187 CITY-ST-71P CITY-ST-7IP TITLE ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 apachment with an address, with all other like empowered.

FILED Jan 14, 2008 8:00 am

1-9-08 (305) 279-2444

Date Daytime Proce •