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2008 FOR PROFIT CORPORATION Rein Statement - ANNUAL REPORT

FILED DOCUMENT # P07000070524 2008 DEC -2 PM 4: 27 REGIOS INTERNATIONAL CORP SECTION OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7750 NW 46 STREET 7750 NW 46 STREET MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business - No P.O. Box # Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. City & State City & State Not Applicable Country Zip Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GUERRERO, JORGE E Street Address (P.O. Box Number is Not Acceptable) 7750 NW 46 STREET MIAMI, FL 33166 -4 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 recristered agent and little if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 12, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. mu TPGT Delete THLE Change Addition GUERRERO, JORGE E NAME NAME STREET ADDRESS 7750 NW 46 STREET STREET ADDRESS MIAMI, FL 33166 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THLE Change Addition HITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-SI-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZP CITY-ST-ZIP TOLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition C Delate TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition HILE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer 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 all other like empowered.

SIGNATURE AND TYPES OR PRINCIPO NAME OF SIGNING OFFICER OR DIRECTOR for phone conversation with Jurge E. Guerrero, Applicant 22 not receive -00 1 x0-11-8 2406 09-

SIGNATURE: __