2008 FOR PROFIT CORPORATION

FILED Apr 25, 2008 8:00 am Secretary of State

| ANNUAL REPORT | N |
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| D. C. L. L. T. L. D. T. C. C. C. T. T. C. | Г |

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| DOCUMENT # P07000077765 1. Entity Name EXOTICA HOME -N- FASHIONS, INC | | | | | 04-25-2008 | 3 901 44 04 | 42 ***15 | 50.00 |
|--|--|------------------------|---|--------------------------------------|---|-----------------|------------------|--------------|
| CA RATON, FL 33432-3802 Mailing Address 73 SW 1ST AVE BOCA RATON, FL 33432-3802 | | | | | BBIN (BBN 88)II BBM BSIII | RAMI (RAM) JAKU | | 881 M (881 |
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address | | , | | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | , | 04162008 | Chg-P | CR2E034 | (12/06) | |
| City & State | City & State | | | 4. FEI Numb | 351803 | | | Applicable |
| Zip Country | Zip | Count | ry | 1 | of Status Desired | | 3.75 Addi | tional |
| 6. Name and Address of Current | Registered Agent | | Name | 7. Name and | Address of New R | · | | |
| PATIL, ARVIND P 73 SW 1ST AVE | | | Street Address (| P.O. Box Numb | er is Not Acceptable |) | - | |
| BOCA RATON, FL 32432-3802 | | | | | | | | |
| | | | City | | | FL | Zip Code | |
| 8: The above named entity submits this statement fo the obligations of registered agant. SIGNATURE | r the purpose of changing its | registere | d office or register | red agent, or bo | th, in the State of Flo | rida. I am far | niliar with, a | and accept |
| Signature, typed or printed pame of registered agent | and little if applicable. (NOTE | : Registered | Agent signature required | d when reinstaling) | I | DATE | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.0 | 9. Election Campai Trust Fund Contr | | | .00 May Be led to Fees | | | * | 7 - |
| 10. OFFICERS AND | DIRECTORS Delete | 11. | | ADDITIONS | /CHANGES TO OFF | | IRECTORS Change | Addition |
| NAME PATIL, ARVIÑO P STREET ADDRESS 73 SW.1ST.AVE CITY-ST-ZIP BOCA RATON, FL 334323802 | | | E ET ADORESS -ST-ZIP | | | | | |
| TITLE CD NAME PATIL, ARVIND P | ☐ Delete | TITLE | 1 | | | | Change | Addition |
| NAME PATIL, ARVIND P STREET ADDRESS 73 SW 1ST AVE CITY-ST-ZIP BOCA RATON, FL 334323802 | | STREE | ET ADDRESS - ST - ZIP | | | | | |
| TITLE NAME STREET ADDRESS | ☐ Delete | TITLE NAME STREE | | | | [| _ Change | Addition ~ |
| CITY-ST-ZIP 1/1LE | ☐ Delete | CITY- | - ST - ZIP | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | Li Delete | NAME STREE | | | | · | Ondinge | Addition |
| IIILE NAME | ☐ Delete | TITLE | - 1 | | | [| Change | Addition |
| STREET ADDRESS CHTY-ST-ZIP | | STREE | ET ADDRESS - ST - ZIP | | | | | |
| IIILE NAME STREET ADDRESS CITY-SI-ZIP | □ Delete | 1 | | | | (| Change | Addition : |
| I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empendanged, or on an attachment with an address, | s true and accurate and that no owered to execute this report | ny signat as requir | ture shall have the | same legal effe 7, Florida Statut | ect as if made under of es; and that my name | oath; that I am | n an officer | or director |
| SIGNATURE: APPAT | PRINTED NAME OF SIGNING OFFICER | AR DIRECT | rne | 4 | F/21/08 | Davi | time Phone # | - |