2008 FOR PROFIT CORPORATION

ANNUAL REPORT

May 02, 2008 8:00 am Secretary of State 05-02-2008 90160 024 ***150.00 DOCUMENT # P07000087676 MAIRA MARTINEZ, INC. Principal Place of Business Mailing Address 13778 SW 147 CIRCLE LANE #E2 13778 SW 147 CIRCLE LANE #E2 13 MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Ant. #, etc. 04292008 CR2E034 (12/06) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip 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 MARTINEZ, MAIRA Street Address (P.O. Box Number is Not Acceptable) 137.78 SW 147 CIRCLE LANE #E2 MIAMI, FL 33186 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. INOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE Delete ☐ Addition ☐ Change IIII é NAME MARTINEZ, MAIRA NAME STREET ADDRESS 13778 SW 147 CIRCLE LANE #E2 STREET ADDRESS CITY ST-ZIP MIAMI, FL 33186 CITY - ST - ZIP BILL Delete me Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 1016 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Defete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-S1-ZIP ITTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP

12. Thereby 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 attachment with with all other

SIGNATURE:

FILED