2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000097689

Entity Name: METAFORMULA, INC.

FILED Apr 30, 2008 Secretary of State

3155 NW 82 AVENUE, SUITE 201 1400 NW 96 AVENUE MIAMI, FL 33122

SUITE 110 MIAMI, FL 33172

Current Mailing Address: New Mailing Address:

3155 NW 82 AVENUE, SUITE 201 1400 NW 96 AVENUE

MIAMI, FL 33122 SUITE 110 MIAMI, FL 33172

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAFALOWICZ, BORYS RAFALOWICZ, BORYS 3155 NW 82 AVENUE, SUITE 201 1400 NW 96 AVENUE MIAMI, FL 33122 US SUITE 110 MIAMI, FL 33172 US

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.

SIGNATURE: BORYS RAFALOWICZ 04/30/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

RAFALOWICZ, BORYS RAFALOWICZ, BORYS Name: Name: Address: Address:

3155 NW 82 AVENUE, SUITE 201 1400 NW 96 AVENUE, SUITE 110 MIAMI, FL 33122 City-St-Zip: City-St-Zip: MIAMI, FL 33172

Title: Title: () Delete (X) Change () Addition BABAYAN, EVGENY BABAYAN, EVGENY Name: Name:

3155 NW 82 AVENUE, SUITE 201 1400 NW 96 AVENUE, SUITE 110 Address: Address:

MIAMI, FL 33122 MIAMI, FL 33172 City-St-Zip: City-St-Zip:

Title: Title: () Delete D (X) Change () Addition POPKEN, BRIAN POPKEN, BRIAN Name: Name:

1221 SUNSET BOULEVARD 5 LAKE CAROLINA WAY, SUITE 230 Address: Address:

City-St-Zip: W. COLUMBIA, SC 29169 City-St-Zip: HARBORSIDE TOWN C., COLUMBIA, SC 29169

Title: () Delete Title: (X) Change () Addition SEREGIN, ALEX SEREGIN, ALEX Name: Name:

Address: 3155 NW 82 AVENUE, SUITE 201 Address: 1400 NW 96 AVENUE, SUITE 110

City-St-Zip: City-St-Zip: MIAMI, FL 33122 MIAMI, FL 33172

Title: Title: () Delete () Change () Addition

GOLD, GERALD Name: Name: Address: 90 EDGEWATER DRIVE, SUITE 925 Address: City-St-Zip: CORAL GABLES, FL 33133 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BORYS RAFALOWICZ D 04/30/2008