2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P07000097689

Entity Name: METAFORMULA, INC.

Current Principal Place of Business:

1400 NW 96 AVENUE
SUITE 110
MIAMI, FL 33172

New Principal Place of Business:

7801 NW 15 STREET
MIAMI, FL 33126

Current Mailing Address:

1400 NW 96 AVENUE
SUITE 110
MIAMI, FL 33172

New Mailing Address:

7801 NW 15 STREET
MIAMI, FL 33126

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

Name and Address of Current Registered Agent:

RAFALOWICZ, BORYS
1400 NW 96 AVENUE
SUITE 110
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

RAFALOWICZ, BORYS
7801 NW 15 STREET
MIAMI, FL 33126 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: 05/01/2009
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RAFALOWICZ, BORYS
Address: 1400 NW 96 AVENUE, SUITE 110
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete
Name: BABAYAN, EVGENY
Address: 1400 NW 96 AVENUE, SUITE 110
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete
Name: POPKEN, BRIAN
Address: 5 LAKE CAROLINA WAY, SUITE 230
City-St-Zip: HARBORSIDE TOWN C.,COLUMBIA, SC 29169

Title: D ( ) Delete
Name: SEREGIN, ALEX
Address: 1400 NW 96 AVENUE, SUITE 110
City-St-Zip: MIAMI, FL 33172

Title: D (X) Delete
Name: GOLD, GERALD
Address: 90 EDGEWATER DRIVE, SUITE 925
City-St-Zip: CORAL GABLES, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GOLD, GERALD
Address: 90 EDGEWATER DRIVE, SUITE 925
City-St-Zip: CORAL GABLES, FL 33133

Title: ( ) Change ( ) Addition
Name:
Address:
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 05/01/2009
Electronic Signature of Signing Officer or Director — Date