2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2008 8:00 am Secretary of State DOCUMENT # P07000115240 1. Entity Name 04-21-2008 90048 012 ***150.00 SEEN DOUBLE, CORP. Principal Place of Business Mailing Address 512 SW 11TH STREET 512 SW 11TH STREET HALLANDALE, FL 33009 HALLANDALE, FL 33009 2. Principal Place of Business - No P.O. Box # 421. SE 10 Street 3. Mailing Address Oth Street 421 SE Suite, Apt. #, etc 04152008 Chg-P CR2E034 (12/06) # A 101 # A (O) City & State City & State 4. FEI Number Applied For 82485 DANIA AINAC Not Applicable \$8.75 Additional 5. Certificate of Status Desired usa 33004 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIERINA CAMPBELL, PIERINA R O. Box Number is Not Acceptable) 512 SW 11TH STREET # A HALLANDALE, FL 33009 NIA BEACH 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change ☐ Addition ☐ Delete CAMPBELL, PIERINA R. NAME CAMPBELL, PIERINA R NAME 421 SE 10% STREET #4101 512 SW 11TH STREET #A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 33009 CITY-ST-ZIP DANIA BRACH, EL 33004 TITLE ☐ Delete TITLE □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ 'Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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

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PIERINA R. CAMPBELL SIGNATURE:

changed, or on an attachm

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