2008 FOR PROFIT CORPORATION

SIGNATURE: _

ENRICO MARIANI

May 02, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P07000127152** 05-02-2008 90167 021 ***150 00 CENTRO DE ESTUDIOS ASTROLOGICOS, INC. Principal Place of Business Mailing Address 12332 SW 94 TERRACE 12332 SW 94 TERRACE MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282008 Chg-P CR2E034 (12/06) City & State 4. FEI Number City & State Applied For <u>35-</u>2318892. Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARIANI, ENRICO Street Address (P.O. Box Number is Not Acceptable) 12332 SW 94 TERRACE MIAMI, FL 33186 Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5:00 May Be Trust Fund Contribution. Added to Fees 10. 47 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE 1. 1 Delete TITLE ☐ Change ■ Addition NAME MARIANI, ENRICO NAME STREET ADDRESS 12332 SW 94 TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 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 prustee 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 an address, with all other like empowered. April 28-08

FILED