2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000027804

Entity Name: LAW OFFICES OF C. CAROLINA MALUJE, P.A.

FILED Apr 12, 2012 Secretary of State

| Current Principal Place of Business: | | New Principal Place of | New Principal Place of Business: | |
|---|---------------------------------|------------------------------------|--------------------------------------|--|
| 7850 NW 146TH STREET SUITE 409 MIAMI LAKES, FL 33016 | | | | |
| Current Mailing Address: | | New Mailing Address: | New Mailing Address: | |
| 7850 NW 146TH STREET SUITE 409 MIAMI LAKES, FL 33016 | | | | |
| FEI Number: 26-2164513 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | New Registered Agent: | |
| MALUJE, C. CAROLINA E 7850 NW 146TH STREET SUITE 409 MIAMI LAKES, FL 33016 | | | | |
| The above named entity su in the State of Florida. | bmits this statement for the pu | rpose of changing its registered o | office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electronic | Signature of Registered Ager | t | Date | |
| | | | | |
| OFFICERS AND DIRECTO | ORS: | | | |

Title: PTD

Name: MALUJE, C. CAROLINA 7850 NW 146TH ST., SUITE 409 Address: City-St-Zip: MIAMI LAKES, FL 33016

I hereby 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 required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: C. CAROLINA MALUJE PTD 04/12/2012