
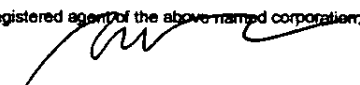


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|  |  |   |                                 |  |   |
|--|--|---|---------------------------------|--|---|
| <b>CORPORATION</b><br><i>ANNUAL REPORT 2010</i>  |  | <br><b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |                                 | <b>FILED</b><br><b>SECRETARY OF STATE</b><br><b>TALLAHASSEE, FLORIDA</b><br><br><b>10 SEP 10 AM 8:13</b><br><br><b>500184290065</b><br>09/12/10--01037--005 **150.00<br><b>500184290065</b><br>09/10/10--01037--013 **400.00<br>CR2E081 (6/10) |   |
| <b>DOCUMENT # P09000076296</b>   |  |   |                                 |  |   |
| <b>1. Corporation Name</b><br><b>CORPOGRES GROUP AUDOBON, INC.</b>   |  |   |                                 |  |   |
| <b>2. Principal Office Address - No P.O. Box #</b><br><b>12921 ENTRADA DR.</b>   |  | <b>3. Mailing Office Address</b><br><b>1400 N. Semoran Blvd.</b>  |                                 |  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.<br><b>Ste.G</b>   |                                 |  |   |
| <b>City &amp; State</b><br><b>Orlando Florida</b>  |  | <b>City &amp; State</b><br><b>Orlando Florida</b>   |                                 |  |   |
| <b>Zip</b><br><b>32837</b>   | <b>Country</b><br><b>USA</b>             | <b>Zip</b><br><b>32807</b>  | <b>Country</b><br><b>USA</b>    |  |   |
| <b>4. Date Incorporated or Qualified To Do Business in Florida</b> <b>09/05/2009</b>   |  |   |                                 |  |   |
| <b>5. FEI Number</b>   |  |   |                                 |  | <input type="checkbox"/> <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b> |
| <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>   |  |   |                                 |  | <b>\$8.75 Additional Fee required for a Certificate of Status</b>                             |
| <b>7. Name and Address of Current Registered Agent</b>   |  |   |                                 |  |   |
| <b>Name</b><br><b>ROCHE, CARLOS E</b>  |  |   |                                 |  |   |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br><b>12921 ENTRADA DR.</b>  |  |   |                                 |  |   |
| <b>Suite, Apt. #, Etc.</b>   |  |   |                                 |  |   |
| <b>City</b><br><b>Orlando</b>  |  | <b>State</b><br><b>FL</b>   | <b>Zip Code</b><br><b>32837</b> |  |   |
| <b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>  |  |   |                                 |  |   |
| <b>Signature of Registered Agent</b>    |  |   |                                 | <b>Date</b> <b>07/30/2010</b>  |   |
| <b>REGISTERED AGENT MUST SIGN</b>  |  |   |                                 |  |   |
| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>   |  |   |                                 |  |   |
| <b>Titles</b>  | <b>Name of Officers and/or Directors</b> | <b>Street Address of Each Officer and/or Director</b>   |                                 | <b>City / State / Zip</b>  |   |
| <b>PRES</b>  | <b>CASTILLO, CESAR</b>                   | <b>2965 Aqua Virgo Loop</b>   |                                 | <b>Orlando FL 32837</b>  |   |
| <b>SEC</b>   | <b>WALLIS, EUGENIA</b>                   | <b>2965 Aqua Virgo Loop</b>   |                                 | <b>Orlando FL 32837</b>  |   |
|  |  |   |                                 |  |   |
|  |  |   |                                 |  |   |
|  |  |   |                                 |  |   |
|  |  |   |                                 |  |   |
| <b>10. E-mail Address:</b> <u>wanda@santasepg.com</u><br><small>(To be used for future annual report notification)</small>   |  |   |                                 |  |   |
| <b>11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b> |  |   |                                 |  |   |
| <b>SIGNATURE:</b> <u>CESAR CASTILLO</u>  |  |   |                                 | <b>07/30/2010 407.3419956</b>  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |                                 | <small>Date Daytime Phone #</small>  |   |