2011 &

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P10000026512

1. Entity Name
PASSERELLE CORP.

FILED
12 MAR -2 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7135 COLLINS AVE 624
MIAMI, FL 33141

Mailing Address
7135 COLLINS AVE 624
MIAMI, FL 33141

02212012 Chg-P CR2E034 (12/11)

2. Principal Place of Business - No P.O. Box #
Suite, Apt #, etc
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip Country

4. FEI Number ✓ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEERARATNE, INDRAJITH A
7135 COLLINS AVE 624
MIAMI, FL 33141

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

300223633599
03/02/12--01032--002 **300.00

FILE NOW!!! FEE IS $150.00
After May 1, 2012 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO	☐ Delete
NAME	WEERARTNE, INDRAJITH A	
STREET ADDRESS	7135 COLLINS AVE 624	
CITY-ST-ZIP	MIAMI, FL 33141	
TITLE	D	☐ Delete
NAME	WEERARTNE, INDRAJITH A	
STREET ADDRESS	7135 COLLINS AVE 624	
CITY-ST-ZIP	MIAMI, FL 33141	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/28/12 Andrew@ONPASS.BIZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — E MAIL ADDRESS