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

02212012 Chg-P CR2E034 (12/11)

| Principal Place of Business | Mailing Address |
|---|---|
| 7135 COLLINS AVE 624<br>MIAMI, FL 33141 | 7135 COLLINS AVE 624<br>MIAMI, FL 33141 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt #, etc | Suite, Apt. #, etc |
| City & State | City & State |
| Zip / Country | 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 | 7. Name and Address of New Registered Agent |
|---|---|
| WEERARATNE, INDRAJITH A<br>7135 COLLINS AVE 624<br>MIAMI, FL 33141 | Name<br>Street Address (P.O Box Number is Not Acceptable)<br>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.

300223633593
03/02/12--01032--002 **300.00

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, 2012 Fee will be $550.00***

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEO<br>WEERARTNE, INDRAJITH A<br>7135 COLLINS AVE 624<br>MIAMI, FL 33141 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WEERARTNE, INDRAJITH A<br>7135 COLLINS AVE 624<br>MIAMI, FL 33141 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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:** _____ 2/28/12 Andrew@ONPASS.BIZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — E MAIL ADDRESS