2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007
Secretary of State

DOCUMENT# P93000005088

Entity Name: TUAREG FLORIDA, INC.

Current Principal Place of Business:

834-844 OCEAN DRIVE
SUITE 501
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

1548 BRICKELL AVE
MIAMI, FL 331291210 US

New Mailing Address:

FEI Number: 52-1500370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERO SALUSSOLIA CORPORATE MANAGEMENT, INC
1548 BRICKELL AVE
MIAMI, FL 331291210 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GASPERINA MONTIN, KATIA A
Address: 1548 BRICKELL AVE
City-St-Zip: MIAMI, FL 33129 US

Title: VPTS ( ) Delete
Name: GIUSEPPE, FICHERA
Address: 5599 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137 US

Title: D ( ) Delete
Name: GIUSEPPE, FICHERA
Address: 5599 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137 US

Title: D ( ) Delete
Name: UGOLINI, PAOLA
Address: 5599 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GASPERINA MONTIN KATIA P 03/15/2007

Electronic Signature of Signing Officer or Director — Date