2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

IGNATURE AND TYPED OR PRINTED

ME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DOCUMENT # P93000041655 03-30-2007 90143 008 ***150.00 1. Entity Name FOLÁC, INC. 40046019 Principal Place of Business Mailing Address 4680 NW 107TH AVENUE 11042 NW 53RD LANE DORAL, FL 33178 #1508 DORAL, FL 33178 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 03202007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0418661 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AKIHIKO, TANEMURA Street Address (P.O. Box Number is Not Acceptable) 4680 NW 107TH AVENUE #1508 DORAL, FL 33178 City 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 (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Р President Change TOTE ☐ Delete TITLE Addition TANEMURA, AKIHIKO NAME NAME TANEMURA AKIHIKO 11042 NW 53RD LANE STREET ADDRESS STREET ADDRESS 4680 NW 107th Ave, #1508 CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP Doral, FL. 33178 TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED Mar 30, 2007 8:00 am

Secretary of State