2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 18, 2008 8:00 am Secretary of State DOCUMENT # P94000010887 02-18-2008 90003 029 ***150.00 MIGUEL INDUSTRIES, INC. Principal Place of Business Mailing Arldress 955-E PALM VALLEY RD PONTE VEDRA BEACH FL 32082 955-E PALM VALLEY RD PONTE VEDRA BEACH FL 32082 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3230518 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEASLER, FRANK R JR. Street Address (P.O. Box Number is Not Acceptable) 10407 CENTURION PKWY N **STE 112** JACKSONVILLE FL 32256 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 (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!!- FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete DILE Change | ☐ Addition CHARLES, MICHAEL A. MAME NAME STREET ADDRESS 955 PALM VALLEY RD STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-785 PENTE VEDRA FL. 32081 TITLE Change Delete TITLE Addition NAME CHARLES, CHERY A. NAME STREET ADDRESS 955 E PALM VALLEY RD STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP PONTE VEDRA, VICE PRESIDENT TITLE VICE PRESIDENT ☐ Delete ☐ Change Addition NAME SANGHEZ, JUAN F. NAME SANCHEZ, JUAN F. STREET ADDRESS 955-6 PARM VALLEY RD. STREET ADDRESS 955-E PARM VALLEY RD. City-St-7iP CITY-ST-7IP PENTE VEDRA, FL. 32081 FL. 32081 TITLE ☐ Delete TITLE ☐ Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition 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

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate any 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.

CITY-ST-7IP

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED