2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# P96000009728

Entity Name: INAKI SAIZARBITORIA. ESQ., P.A.

Current Principal Place of Business:

1492 S MIAMI AVE STE 203
MIAMI, FL 33130

New Principal Place of Business:

21 S.W. 15 ROAD
SUITE 200, 2ND. FLOOR
MIAMI, FL 33129

Current Mailing Address:

1492 W. MIAMI AVE
MIAMI, FL 33130

New Mailing Address:

21 S.W. 15 ROAD
SUITE 200, 2ND. FLOOR
MIAMI, FL 33129

FEI Number: 35-2203497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAIZARBITORIA, INAKI
1492 S MIAMI AVE STE 203
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

SAIZARBITORIA, INAKI
21 S.W. 15 ROAD
SUITE 200, 2ND. FLOOR
MIAMI, FL 33129 US

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: 04/14/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SAIZARBITORIA, INAKI
Address: 1492 S MIAMI AVE STE 203
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SAIZARBITORIA, INAKI
Address: 21 S.W. 15 ROAD
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify 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: INAKI SAIZARBITORIA DP 04/14/2009
Electronic Signature of Signing Officer or Director — Date