2008 FOR PROFIT CORPORATION

FILED Mar 10, 2008 8:00 am

ANNUAL REPURI					Secretary of State			
1. Entity Nam	MENT # P96000012 HOLDINGS CORP.				90060 027 ***150			
Principal Place of Business 799 BRICKELL PL STE 700 MIAMI, FL 33131 US		Mailing Address 799 BRICKELL PL STE 7 MIAMI, FL 33131 US	· ·	10000	1 (3) 2 Ellin Eski Eski E	1871 ABJUL ING ING 1881 ABJU	(1001 (L 100)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Adcress						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132008	Chg-P	CR2E034 (12/06)		
City & State		City & State			4. FEI Number Applied For 65-0686693 Not Applicable			
Zip	Country	Zip	Country		of Status Desired	Fee Require		
	6. Name and Address of Current	Name	7. Name and Address of New Registered Agent. Name					
	NGER, MICHAEL J KELL PL STE 700 33131			dress (P.O. Box Numb	er is Not Acceptat			
			City	·		FL Zip Cod	e	
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. SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees				
10.	OFFICERS AND		11.			FFICERS AND DIRECTOR		
FITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLESINGER, MICHAEL J 501 BRICKELL KEY DRIVE MIAMI, FL 33131	☐ Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP	Schlesinger 799 Brick Miami, FL	, Michael 211 Plaza 33131	J. PChange Suite 700	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

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 truetee en)powered 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. Michael J. Schlesinger 3|5|2008 (305)373-8993

Michael J. Schlesinger

Michael J. Schlesinger

Davis Davis Description Descrip

SIGNATURE: