2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2008 8:00 am Secretary of State DOCUMENT # P96000043534 04-21-2008 90051 015 ***150.00 1. Entity Name SIROTA & ASSOCIATES, P.A. Principal Place of Business Mailing Address 1001 BRICKELL BAY DR. 1001 BRICKELL BAY DR. 18TH FLOOR 18TH FLOOR MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1001 Brickell Bay Dr col Brickell Bow Or. Suite, Apt. #, etc. Suite 1804 Suite, Apt. #, etc. Suite 1804 04172008 CR2E034 (12/06) City & State City & State 4. FFI Number Applied For MIQMI Miami 65-0691245 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3131 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sirota, George SIROTA, GEORGE G Street Address (P.O. Box Number is Not Acceptable) 200 S BISCAYNE BLVD **SUITE 5120** 1001 Brickell Bay Dr., Suite 1804 MAIMI, FL 33131 City MIGMI 8. The above named entity submits this statement to 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 register SIGNATURE Signature, typed or ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE SIROTA, GEORGE G Sirota, George G. NAME NAME 1001 Brickell Bay Dr., Suite 1864 200 S. BISCAYNE BLVD., #5120 STREET ADORESS STREET ADDRESS CITY-ST-ZIP. MIAMI, FL 33131 CITY-ST-7IP MIAMI, FE 33131 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 CITY-ST-ZIP CITY-ST-ZIP TITE ☐ 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-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP

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.

NG OFFICER OR DIRECTOR

SIGNATURE:

FILED