2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 15, 2008 8:00 am Secretary of State **DOCUMENT # P96000056765** 04-15-2008 90092 001 ***511.25 1. Entity Name PIANETA MIAMI, INC. Principal Place of Business Mailing Address 12000 BISCAYNÉ BLVD. 12000 BISCAYNE BLVD. SUITE 507 MIAMI, FL 33181 SUITE-501 MIAMI, FE 33181 2. Principal Place of Business - No P.O. Box # 9999 KE ZND: AVENVE 3. Mailing Address Suite, Apt. #, etc. 218 Suite, Apt. #, etc. 03162008 Cha-P CR2E034 (12/06) City & State 4. FEI Number Applied For City & State SHORES NIAHI 65-0748844 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIARATO, UGO V Street Address (P.O. Box Number is Not Acceptable) 12000 BISCAYNE BLVD., #507 MIAMI, FL 33184 9999 NE ZNA AVE 9 1*8* 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) Signature, typed or printer hame of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE ☐ Delete TITLE CIAPPARELLI, ROBERTO NAME NAME 9999 NE 2 AVE #216 12000 BISCAYNE BLVD., #507 STREET ADDRESS STREET ADDRESS MIAMISHORES FL 33138 CITY-ST-ZIP MIAM, FL 33481 CITY-ST-ZIP VTD ☐ Change ☐ Addition ☐ Dolete TITLE TITLE MALVISI, ALBERTO NAME 9999NE ZAV€ # 218 NAME 12060 BISCATNE BLVD., #507 STREET ADDRESS STREET ADDRESS MIAHI SHORES FL 33138 MIAM, FL 33181 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE CHIARATO, UGO V NAME NAME 7999 NE ZND AVE # 218 12000 BISCAYNE BLVD., #507 STREET ADDRESS STREET ADDRESS MIAMISITORES FL 33138 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED