2007 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED Apr 10, 2007 08:00 Al Secretary of State DOCUMENT # P96000072818 DOMÍNIC C. ANGIOLILLO, INC. Principal Place of Business Mailing Address 9315 NW 46TH STREET 9315 NW 46TH STREET SUNRISE, FL 33351 SUNRISE, FL 33351 No Chg-P CR2E034 (11/05) 04032007 Applied For 4. FEI Number Not Applicable 65-0695125 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ANGIOLILLO, DOMINIC C **9315 NW 46TH STREET** SUNRISE, FL 33351 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE ANGIOLILLO, DOMINIC C 9315 NW 46TH STREET STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33351 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS

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.

) 3, 2007 (954) 81b-0493 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING