2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 18, 2007 8:00 am Secretary of State DOCUMENT # P96000080295 1. Entity Name 04-18-2007 90178 038 ***150.00 DADE INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 251 W. 28TH STREET 251 W. 28TH STREET HIALEAH FL 33010 HIALEAH FL 33010 Principal Place of Business - No P.O. Box # Majling Address 6561 NW Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0703935 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ree Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLANCO, RODOLFO Street Address (P.O. Box Number is Not Acceptable) 8801 NW 153 TR **MIAMI FL 33018** 16561 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Шű ☐ Delete TITLE BLANCO, RODOLFO NAME NAME 8801 NW 153 TERR. STREET ADDRESS STREET ADDN SS **MIAMI FL 33018** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TOTE ☐ Addition BLANCO, MARICELA E NAMI NAMI 8801 NW 153 TERR. STREET ADDRESS STREET ADDRESS **MIAMI FL 33018** CITY ST-ZIE CITY - ST - ZIP mir ☐ Delete HILE ☐ Change ■ Addition NAME **A S AT STREET ADDRESS STREET ADDRESS CHY-SI-7IF CITY-ST-ZIP TITLE ☐ Defete THIE Change Addition NAME STRELL ADDRESS STREET ADORESS CITY-ST-ZIP CITY ST-ZIP DHE Delete HITE Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-S1-71P CITY-ST-ZIP TITLE ☐ Delete ВПГ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED