2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachme

SIGNATURE:

Jun 20, 2007 8:00 am Secretary of State **DOCUMENT # P96000087843** 06-20-2007 90043 001 ***450.00 BRIDGETTE HIBBERT, P.A. Principal Place of Business Mailing Address 13749 NW 18 COURT 13749 NW 18 COURT 66019506 PEMBROKE PINES, FL 33028 US PEMBROKE PINES, FL 33028 2. Principa NW / Scouet Suite, Apt. Suite, Apt. #, etc. 05252007 Chg-P CR2E034 (12/06) Applied For 4. FEI Number 65-0703431 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent OLAIGBE, OLA Street Address (P.O. Box Number is Not Acceptable) 18441 N.W. 2ND AVENUE **SUITE 220** MIAMI, FL 33169 City Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PSD ☐ Change ☐ Addition □ Delete TITLE TITLE NAME HIBBERT, BRIDGETTE O NAME STREET ADDRESS 460 N.W. 90TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33150 CITY-ST-7/P ☐ Delete TITLE Change ☐ Addition NAME WILLIAMS, ALVIN 460 N.W. 90TH STREET STREET ADDRESS STREET ADDRESS MIAMI, FL 33150 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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-ZIP . Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filips does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 endowed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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