2007 FOR PROFIT CORPORATION

May 09, 2007 8:00 am Secretary of State ANNUAL REPORT 05-09-2007 90104 028 ***150.00 **DOCUMENT # P97000011837** 1. Entity Name UNIT 1246, CORP. **TULUJUHU** Principal Place of Business Mailing Address 520 BRICKELL KEY DRIVE 520 BRICKELL KEY DRIVE **SUITE 0-305 SUITE 0-305** MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0852315 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION, LLC Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DRIVE **SUITE 0-305** MIAMI, FL 33131 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees D/P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. VP INLE ☐ Delete TITLE Villar Fanjul, Amaranta Aurora XX Addition NAME STANHAM NICHOLAS NAME 520 Brickell Key Drive, Suite 0-305 520 BRICKELL KEY DRIVE SUITE O-305 STREET ADDRESS STREET ADDRESS Miami, Florida 33131 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP PD TITLE XX Delete TITLE ☐ Change ☐ Addition FANJUL, VIVIAN NAME NAME STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE O-305 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE ☐ Delete THE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition

12. Thereby 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 object like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED O

FILED