2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Apr 27, 2007 8:00 am Secretary of State DOCUMENT # P97000020713 04-27-2007 90222 020 ***150.00 GOVERNMENT FINANCIAL MANAGEMENT, INC. Mailing Address Principal Place of Business 2801 PONCE DE LEON BLVD 2801 PONCE DE LEON BLVD 470 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1201 Brickell 1201 Brickell Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 CR2E034 (12/06) # 03C # 930 City & State City & State 4. FEI Number Applied For miami miami 65-0739696 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33131 USA MOA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABRIL, JORGE M ESQ. Street Address (P.O. Box Number is Not Acceptable) 2801 PONCE DE LEON BLVD. STE 470 CORAL GABLES, FL 33134 rickell 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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PDS Change ☐ Addition TITLE ☐ Delete TITLE ABRIL JORGE M NAME NAME 1201 Brickell av. #230 STREET ADDRESS 2801 PONCE DE LEON BLVD. STE 470 STREET ADDRESS miami, FL 33131 CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 ☐ Delete TITLE ☐ Change ☐ Addition 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-7IP 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.

<u> 373</u> 090