2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Apr 13, 2007 08:00 AM Secretary of State DOCUMENT # P97000042761 1. Entity Name NUNEZ AND NUNEZ, INC. Principal Place of Business Mailing Address 1755 3RD AVE. 1936 SW 18TH STREET MIAMI FL 33145 MIAMI FL 33129 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Numbor Applied For 65-0770080 Not Applicable Zip Country Zıp Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NUNEZ, JORGE L 1936 S.W. 18TH STREET MIAMI FL 33145 Street Address (P.O. Box Number is Not Acceptable) 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, typed or printed name of registerert rigent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 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 11. ши ☐ Delcte ☐ Change DILLE Addition NUNEZ, JORGE L 000000705292 NAME 1936 S.W. 18TH STREET STREET ADDRESS STREET LADORESS 04/23/07-80046-010 150.00 MIAMI FL 33145 CITY-S1-ZIP CITY-ST-ZIP TITLE Defete Change Addition NUNEZ, LIDIA A NAME NAME 1936 S.W. 18TH STREET STREET ADDRESS STREET ANDRESS MIAMI FL 33145 CITY-S1-ZIP CHY-SI-7P TITLE Delete THE ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C(1Y-S1-7)P Delete HILLE ☐ Channe noilibbA 🔲 NAME STRILL ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ШЕ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CUY-St-7IP CITY-S1-7IP TIME ☐ Delete ☐ Change Addition IIIL NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-7(P

indicated on this roport or supplemental report is true and accurate and that my signature shall have the same legal offect as if made under oath; that if am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutos; 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.

12. I horeby cortify 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

SIGNATURE:

NUNEL

4-11-07

(305)860-6888