2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2008 8:00 am Secretary of State DOCUMENT # P98000008558 01-14-2008 90090 033 ***158.75 SOUTHERNMOST HOUSE, INC. Principal Place of Business Mailing Address 209 DUVAL STREET 209 DUVAL STREET KEY WEST, FL 33040 KEY WEST, FL 33040 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0810025 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALPERN, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 209 DUVAL STREET KEY WEST, FL 33040 Zip Code FI 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST ☐ Addition TITLE ☐ Delete TITLE HALPERN, MICHAEL NAME NAME 209 DUVAL STREET STREET ADDRESS STREET ADDRESS KEY WEST, FL 33040 CITY-ST-ZIP CITY-ST-ZIP TITLE D۷ Delete ☐ Change ■ Addition RAMOS, HILARIO JR NAME NAME STREET ADDRESS 1401 DUVAL STREET STREET ADDRESS KEY WEST, FL 33040 CITY-ST-ZIP CITY-ST-ZIP DV ☐ Change Addition TITLE Delete TITLE RAMOS, MATILDE G NAME NAME

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.

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KEY WEST, FL 33040

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(305) 296-5667

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