2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # P98000058642 **FILED** Mar 19, 2008 08:00 AM ROTELLA AMUSEMENT, INC. Secretary of State Principal Place of Business Mailing Address 9145 NW 172ND TERRACE 9145 NW 172ND TERRACE MIAMI, FL 33018 MIAMI, FL 33018 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0852050 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, MIGUEL F Street Address (P.O. Box Number is Not Acceptable) 9145 NW 172ND TERRACE MIAMI, FL 33018 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PSD** ☐ Change Addition ☐ Delete TITLE STITLE GONZALEZ, MIGUEL F NAME NAME STREET ADDRESS 9145 NW 172ND TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33018 CITY-ST-ZIF TITLE VPTD Delete Change Addition GONZALEZ, MICHELLE NAME NAME U000000863180 9145 NW 172ND TERRACE STREET ADDRESS STREET ADDRESS 04/03/08-80081-013 150.00 MIAMI, FL 33018 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Addition Change ☐ 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 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.

SIGNING OFFICER OR DIRECTOR