2008 FOR PROFIT CORPORATION

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May 14, 2008 8:00 am Secretary of State ANNUAL REPORT 05-14-2008 90018 035 ***150.00 **DOCUMENT # P99000079126** 1. Entity Name FISHER 121, INC. Mailing Address Principal Place of Business 1001 BRICKELL BAY DRIVE 1001 BRICKELL BAY DRIVE **SUITE 3112 SUITE 3112** MIAMI, FL 33131 MIAMI, FL 33131 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04042008 Applied For 4. FEI Number City & State City & State 65-0995376 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PERLMAN, GEORGE D.P.A. Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DRIVE STE 3112 MIAMI, FL 33131 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_ DATE Signature, typed or printed name of registered agent and title if applicable 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. AS SECRETARY Change Addition TITLE TITLE Delete CEDRATI, DENA NAME NAME CEDRATI DENA 100 | BRICKELL BAY DRIVE, STE 3112 MIAMI, FL 33131 STREET ADDRESS 1001 BRICKELL BAY DRIVE STE 3112 STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-7IP MIAMI Change ☐ Addition PTSD Delete TITLE TD PERLMAN GEORGE D 1001 BRICKELL BAY DRIVE, STE 3112 PERLMAN, GEORGE D NAME NAME 1001 BRICKELL BAY DRIVE STE 3112 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 MIAMI FL. 33131 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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,

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-7IP

GEGRGE D. BRLMAN ED NAME OF SIGNING OFFICER OR DIRECTO SIGNATURE AND TYPED OR

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