## FILED Apr 20, 2007 8:00 am Secretary of State

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		ANNU	AL RE	PORT	

04-20-2007 90085 021 \*\*\*150.00 DOCUMENT # P99000090823 1. Entity Name LET'S MEDIATE, INC. 40072780 Mailing Address Principal Place of Business 1851 NW 125TH AVE, SUITE 319 1851 NW 125TH AVE, SUITE 319 PEMBROKE PINES, FL 33028-3508 PEMBROKE PINES, FL 33028-3508 2. Principal Place of Business - No P.O. Box # 851 NW/25th Ave 3. Mailing Address 1851 NW 125#Ave Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04172007 Chq-P Suite Suite 320 Applied For City & State City & State 4. FEI Number Pines Pembroke 65-0996056 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 33028-3508 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIVERO, MARY JO Street Address (P.O. Box Number is Not Acceptable) 1851 NW 125TH AVE, SUITE 319 PEMBROKE PINES, FL 33028-3508 Zip Code 33018-350& 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 registored agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 10. OFFICERS AND DIRECTORS 11. Change PST ☐ Addition TITLE ☐ Delete TITLE RIVERO, MARY JO NAME NAME 1851 NW125th Ave., Ste. 320 1851 NW 125 AVE STE 319 STREET ADDRESS STREET ADDRESS Pembroke Pines, FL 33028-3508 CITY-ST-7IP PEMBROKE PINES, FL 330283508 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 1851 NW 125th Ave, Ste. 328 Pembroke Pines FL 33028-3508 RIVERO, MARY JO NAME STREET ADDRESS 1851 NW 125 AVE STE 319 STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 330283508 CITY-ST-ZIP TITLE ☐ Delete DTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 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 anyattachment with an address, with all other like empowered. Queer SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR