2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000094093

Entity Name: FSG SUBSIDIARY, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:

5800 N.W. 74 AVENUE 18001 OLD CUTLER ROAD SUITE 370 MIAMI, FL 33166

PALMETTO BAY, FL 33157

New Mailing Address:

New Principal Place of Business:

Current Mailing Address:

5800 N.W. 74 AVENUE 18001 OLD CUTLER ROAD SUITE 370

MIAMI, FL 33166 PALMETTO BAY, FL 33157

FEI Number: 65-0959962 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIAZ, JUAN ESQ CORPORATE CREATIONS NETWORKS, INC. 5800 N.W. 74 AVENUE 11380 PROSPERITY FARMS RD

MIAMI, FL 33166

PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE: CORPORATE CREATIONS NETWORKS, INC. 04/29/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDTS () Delete Title: (X) Change () Addition BARED, CARLOS Name: Name: BARED, CARLOS

5800 NW 74 AVENUE 18001 OLD CUTLER ROAD SUITE 370 Address: Address:

City-St-Zip: MIAMI, FL 33166 City-St-Zip: PALMETTO BAY, FL 33157

VPD Title: VPD (X) Change () Addition Title: () Delete

BARED, MAURICE E Name: Name: BARED, MAURICE E

5800 NW 74 AVENUE 18001 OLD CUTLER ROAD SUITE 370 Address: Address:

MIAMI, FL 33166 PALMETTO BAY, FL 33157 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: () Delete DIAZ, JUAN Name: Name:

GARCIA-PEDROSA, JOSE 5800 NW 74TH AVE. 18001 OLD CUTLER ROAD SUITE 370 Address: Address:

City-St-Zip: MIAMI, FL 33166 City-St-Zip: PALMETTO BAY, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS BARED DTS 04/29/2008