2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 17, 2008 8:00 am Secretary of State

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| HALEAH FL 33012 | l ' | | LAPT 408 | 1022 | - | | | | |
| 2. Principal Place of Business - No P.O. Box # 3 A Maling Address of Current Registered Agent | -HIALEAH, FI | -11012- | _ | | | | | | |
| 2. Principal Place of Business - No F.O. Box x 3. Mailing address 5. Suite, Apt. x, etc. | 445 | 4751 | 445 5 4 | 7573013 | 1 10021001 | 9 INCIN (BILL 98(1) 88(1) 4 | MINI JUNET AFRIC MUKAT FALIA FRATA | | |
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| Country Zip Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 additional received repeated agent Signature | | | | | | | | | |
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| Name Street Address (P.O. Box Number is Not Acceptable) | | , | | , , , , , , , , , , , , , , , , , , , | 5. Certificate | of Status Desired | | | |
| TORRES MAXIMO ### Part ### Pa | | 6. Name and Address of Current | Registered Agent | | 7. Name and | Address of New | Registered Agent | | |
| Sirget Address (P. O. Box Number is Not Acceptable) | T00000 | | | Name | | | | | |
| ### LEAST 12 Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the propose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the propose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the propose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the propose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the propose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the propose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the propose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the propose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the propose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the propose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the propose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the propose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the propose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the propose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the propose of changing its registered agent, or registered agent, or both, in the State of Florida. I am familiar with, and accept the propose of changing its registered agent, or re | 10RRES, | MAXIMO) 9TH Pt. (REDG 4 APT 408 | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| A. 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 SUBJECT Supports Support Support Supports Support Supports Agent space and size / special special agent and size / special special agent and size / special special special agent and size / special special special agent and size / special spe | HIALEAH. | FL •33012 | | | | | | | |
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| Signature invited or printed range of repostered agent and till solicitors Signature invited or printed range of repostered agent and state in accordance with s. 607.193(2)(b), F. S., the corporation did not receive the prior notice. 11 | the obligations of registered agent. | | | | | | | | |
| Signature invited or printed range of repostered agent and till solicitors Signature invited or printed range of repostered agent and state in accordance with s. 607.193(2)(b), F. S., the corporation did not receive the prior notice. 11 | CONNECTION | | | | | | | | |
| PILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME SIRELE ADDRESS CITY ST 2IP INLE NAME SIRELE ADDRESS CIT | , SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable (NOTE | Registered Agent signature requ | ired when reinstating) | | DATE | | |
| Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE DIRECTORES 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE Disease Face Fac | | | | | | | | _ | |
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12. Thereby 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 required strustee 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 attactor of the corporation of the corporat

SIGNATURE:

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MAYIMO DORES

BHATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

07/14/2008 786-426-708