№ 2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2007 8:00 am Secretary of State DOCUMENT # S23972 04-25-2007 90195 040 ***158.75 1. Entity Name H.V. ENTERPRISES, INC. Principal Place of Business Mailing Address 2100 CORAL WAY 2100 CORAL WAY 304 304 MIAMI, FL 33145 MIAMI, FL 33145 2. Principal Place of Business - No P.O. Box# 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0362790 Not Applicable Ζlp Country Ζlp 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 PEREZ (RANZO, JOSE A Street Address (P.O. Box Number is Not Acceptable) 3105 N.W. 79 AVENUE MIAMI, FL 33132 Clty 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 expistered agent and title if emplicable. (NOTE: Registered Apont sloreture regulred when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition TREASURER PEREZ-IRANZO, FRANCISCO NAME NAME LUIS PEREZ-SALAMERO STREET ADDRESS 3105 N.W. 79 AVENUE 3105 NW 79 AVENUE MIAMI, FL 33132 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 CITY-ST-ZIP TITLE X Delete TITLE ☐ Change □ Addition PEREZ-IRANZO, JOSE NAME NAME STREET ADDRESS 3105 NW 79TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 CITY-ST-ZIP TITLE Defete ☐ Change ■ Addition BARRAZA-PEREZ, MARIE TERESA NAME NAME STREET ADDRESS 3105 NW 79 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135 CITY-ST-ZIP K Addition Delete ☐ Change TITLE TITLE SECRETARY NAME NAME FRANK DURAN 3105 NW 79 Avenue MIAMI, FL 33132 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 507, 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 smpowered.