. 2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** May 01, 2008 08:00 AN Secretary of State **DOCUMENT # S62165** 1. Entity Name FITTIPALDI EXECUTIVE CENTER, INC. Principal Place of Business Mailing Address 123 SE 3RD AVENUE 123 SE 3RD AVENUE #352 #352 MIAMI, FL 33131 MIAMI, FL 33131 No Chg-P CR2E034 (11/05) 04282008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0270070 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MORRISON, BROWN, ARGIZ & FARRA 1001 BRICKELL BAY DRIVE 9TH FLOOR MIAMI, FL 33131 IN THIS SPACE 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U000000338989 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 05/28/08-80010-015 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE FITTIPALDI, EMERSON NAME 123 SE 3 AVE #352 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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, with all other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davrime Phone #