2007 FOR PROFIT CORPORATION

Feb 15, 2007 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # \$70339** 02-15-2007 90041 037 ***150.00 1. Entity Name NETWORK INVESTMENTS OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 500 S. DIXIE HWY, SUITE 301 500 S. DIXIE HWY, SUITE 301 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 01042007 CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 65-0279821 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TORRE, VENANCIO Street Address (P.O. Box Number is Not Acceptable) 300 SEVILLA AVE **STE 305** CORAL CABLES, FL 33134 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change PD TITLE TITLE ☐ Delete Addition TORRE, VENANCIO I NAME NAME 300 SEVILLA AVE., STE 305 STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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-ZİP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 TiTLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information sufficient 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED