2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 14, 2008 08:00 Al Secretary of State DOCUMENT # S71123 1. Emily Namo MAINE-PENN, INC. Principal Place of Business Mailing Address 10725 NE 6TH AVE. 10725 NE 6TH AVE. MIAMI FL 33161 US MIAMI FL 33161 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite Apt. #Leic. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0278238 Not Applicable Zip Country 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 FAUNCE, LES Street Address (P.O. Box Number is Not Acceptable) 634 NE 72 TERRACE **MIAMI FL 33138** City Zip Cade 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, lisped or minred tien in a registered spent and tide Temproadie. DATE (NOTE: Redistated Apert signature required when remaining) FILE NOW!!!! FEE(IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Derete TITLE Addition FAUNCE, LES NAME NAME n4/23/08-80091-022 150.00 STREET ADDRESS 634 NE 72 TERR STREET ADDRESS CITY-ST-7IP MIAMI FL CITY-ST-ZIP TITLE Derete nne Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP IIILE De ete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Derete HOLE Change Addition HAM: MAMI STREET ADDRESS STREE! ADDRESS CITY-ST-ZIP DITY - ST - ZIP TITLE ☐ Derete TITLE ☐ Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CITY - ST- ZIP TITLE ☐ De-ele TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes 1 furtner 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.

ES FAUNCE 4-10-08 305 606 1853