2008 FOR PROFIT CORPORATION - ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # S78052** 03-10-2008 90069 006 ***150.00 1. Entity Name NORTHSIDE MANOR, INC. Principal Place of Business Mailing Address 3344 HELMS AVE 3344 HELMS AVE CULVER CITY, CA 90232 CULVER CITY, CA 90232 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0307445 Not Applicable Zip Country Zip 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 Name FEINBERG, JEFF 4000 HOLLYWOOD BLVD, SUITE 350 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD, FL 33021 Zip Code 8. The above named entity submits this states 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition VALVERDE, CARLOS H. NAME NAME STREET ADDRESS 3344 HELMS AVE STREET ADDRESS CITY-ST-ZIP CULVER CITY, CA 90232 CITY-ST-ZIP Vice President TITLE Change Delete TITLE ☐ Addition Ricardo A. Valverde NAME VALVERDE, RODOLFO H. NAME STREET ADDRESS 11107 BRAELCLOCK DR STREET ADDRESS 3232 FAY Ave CITY-ST-ZIP CULVER CITY, CA 90232 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition VALVERDE, RICARDO A. NAME NAME STREET ADDRESS 3232 FAY AVE STREET ADDRESS CITY-ST-7IP LOS ANGELES, CA 90034 CITY-ST-ZIP TITLE ☐ Defete TIFLE ☐ Change Addition VALVERDE, CARLOS R. NAME NAME STREET ADDRESS 3346 SHERBOURNE AVENUE STREET ADDRESS CITY-ST-ZIP CULVER CITY, CA 90232 CITY-SI-ZIP TITEF ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ■ Addition ITHE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

icardo A vulverde 1/28/08

FILED

Mar 10, 2008 8:00 am