2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2008 08:00 AN Secretary of State DOCUMENT # S80344 GARNER RAFFINGTON INC. Principal Place of Business Mailing Address 3730 NW 28 STREET 3730 NW 28 STREET LAUDERDALE LAKES, FL 33311 LAUDERDALE LAKES, FL 33311 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292008 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 65-0282679 Not Applicable 2:0 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 Name RAFFINGTON, GARNER Street Address (P.O. Box Number is Not Acceptable) 3730 NW 28TH ST LAUDERDALE LAKES, FL 33311 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 DATE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE Delete TITS F RAFFINGTON, GARNER NAME NAME U00000940329 3730 NW 28TH ST STREET ADDRESS STREET ADDRESS 05/28/08-80062-011 150.00 LAUDERDALE LAKES, FL 33311 CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITEF Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - 7IP CITY-ST-ZIP Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental fevort 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 receive sharpstee 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 attachmy sharp and on the receiver of the corporation of the

SIGNATURE:

4-29-08 954.563-6864

FILED