2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address

SIGNATURE:

Mar 08, 2005 8:00 am Secretary of State DOCUMENT # V54716 1. Entity Name 03-08-2005 90160 001 ***150.00 PASCHBERG, INC. * Mailing Address Principal Place of Business 13701 SW 78 PLACE MIAMI FL 33158 13701 SW 78 PLACE MIAMI FL 33158 40027850 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-0350926 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MURAI, WALD, BIONDO & MORENO, P.A. Street Address (P.O. Box Number is Not Acceptable) 900 INGRAHAM BLDG. 25 SE SECOND AVE. MIAMI FL 33131 Zip Code City 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 DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change Addition TITLE ☐ Delete Inga K. Berger BERGER, INGA K NAME ADDRESS 13701 SW 78th Pl. 13701 SW 78TH PLACE STREET ADDRESS STREET ADDRESS Palmetto Bay, FL 33158 CITY-ST-ZIP MIAMI FL 33158 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE □ Delete SAME LOCATION NAME STREET ADDRESS STREET ADDRESS AREA HAS CITY-ST-ZIP CITY-ST-ZIP CORPORATED. TITLE Change Addition TITLE ☐ Delete NAME NAME NOW CALLED STREET ADDRESS STREET ADDRESS PALMETTO BAY CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7fP TITLE ☐ Detete ☐ Change Addition 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 exemption stated in Section 119.07(3)(i), 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

FILED