2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

1612 SE 7TH CT

SECCO, SILVIA

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VP

DEERFIELD BCH, FL 33441

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

MAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Jan 31, 2004 08:00 AM Secretary of State DOCUMENT # J52744 1. Entity Name 1613 CORP. Principal Place of Business Mailing Address 4100 RCA BLVD 4100 RCA BLVD PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 01232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0075681 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FLEMING, JOSEPH M ESQ DO NOT WRITE C/O WATTERSON & HYLAND 4100 RCA BLVD IN THIS SPACE PALM BEACH GARDENS, FL 33410 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 (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE NAME SECCO, SERGIO STREET ADDRESS 1612 SE 7TH CT CITY-ST-ZIP DEERFIELD BEACH, FL 33441 U00000024242 D TITLE 02/02/04-80057-025 150.00 SCHIAVON, ANNAMARIE NAME STREET ADDRESS 1612 SE 7TH CT CITY-ST-ZIP DEERFIELD BEACH, FL 33441 TITLE AS FLEMING, JOSEPH M NAME STREET ADDRESS 440 ROYAL PALM WAY., STE 100 DO NOT WRITE CITY-ST-ZIP PALM BEACH, FL 33480 IN THIS SPACE SECCO, LUIGI NAME STREET ADDRESS

FILED

SIGNATURE: 621

^{12.} I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.