2005 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 01, 2005 8:00 am Secretary of State **DOCUMENT # L61286** 08-01-2005 90025 026 ***150.00 OTTER CREEK INVESTMENTS, INC. Principal Place of Business Mailing Address RT₃ P 0 B0X 161469 50058825 OTTER CREEK, ME 04665 US MIAMI, FL 33116 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07252005 Chg-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 65-0189172 Not Applicable Country Zip Country Zip \$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 BARRETO, RODNEY Street Address (P.O. Box Number is Not Acceptable) 9250 SW 104 ST MIAMI, FL 33176 90+n AVE 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. Signsture, typed or ponted name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TATLE ☐ Delete TITLE BARRETO, RODNEY NAME NAME STREET ADDRESS 9250 SW 104 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-7iP TITLE ☐ Defete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-Zip CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fling does not quality 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 of 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED