2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNI

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # L93118 1. Entity Name 04-26-2004 90488 005 ***150.00 LANDMARK COMPANIES, INC. Principal Place of Business Mailing Address 1130 WASHINGTON AVE 1130 WASHINGTON AVE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address lelele Kenned Ilelole Kennedi Suite, Apt. #, etc. MOORE CR2E034 (11/03) #505 City & State Applied For City & State 4. FEI Number 65-0248444 Bay Village J. Bay Village Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box 3314 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SALAND, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1130 WASHINGTON AVE Ilelele Kennedu 4TH FLOOR MIAMI BEACH FL 33139 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 registeren agent. the obligations of SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D Delete TITLE Addition TITLE saland, Robert f NAME SALAND, ROBERT, F NAME 1130 WASHINGTON AVE 4TH FLOOR STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP Delete □-Change TITLE TITLE Addition FRANCISCO, ROLO NAME NAME 1130 WASHINGTON AVE. 4TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP ☐ Delete Change Addition TITLE 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 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ziP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attaching twith an address, with all other like empowered.

FILED

Daytime Phone #