2005 FOR PROFIT CORPORATION ANNUAL REPORT

Manuel Cimadevilla,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

President

SIGNATURE:

Apr 21, 2005 8:00 am Secretary of State DOCUMENT # M06890 04-21-2005 90245 022 ***158.75 DEVILLA INVESTMENTS CORP. Principal Place of Business Mailing Address 1305 SW 30 AV 1305 SW 30 AV MIAMI, FL 33145 MIAMI, FL 33145 US 2. Principal Place of Business 3. Mailing Address c/o Ivan A. Gomez, Esq. Suite, Apt. #, etc. Suite, Ant. #, etc. 03292005 Chg-P CR2E034 (10/03) 601 Brickell Key Drive #507 Applied For City & State City & State 4. FEI Number Miami, Florida 59-2563302 Not Applicable Country Zio \$8.75 Additional Country 33131 5. Certificate of Status Desired U.S.A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IAG CORPORATE SERVICES, INC. CONSULTING SERVICES OF SOUTH FLORIDA, INC. Street Address (P.O. Box Number is Not Acceptable) 601 Brickell Key Drive 2588 SW 27 AVENUE MIAMI, FL 33133 Suite 507 Miami 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. IAG CORPORATE SERVICES, INC. SIGNATURE By: Ivan A. Gomez, President Signature, typed or printed name of registered agent and title if applicab \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete TITLE CIMADEVILLA, MANUEL NAME NAME 1305 S.W. 30 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITI F CIMADEVILLA, DIGNORA NAME 1305 S.W. 30 AVENUE STREET ADDRESS STREET ADDRESS MIAMI, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP- 4 CITY-ST-7/P Delete • ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 319.07(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. Maxwell Cinadersilla.

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