2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P00000014323 1. Entity Name 04-26-2004 90448 033 ***150.00 KRAMCO; INC. Principal Place of Business Mailing Address 8250 N.E. 10TH AVENUE MIAMI FL 33138-4108 8250 N.E. 10TH AVENUE MIAMI FL 33138-4108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number City & State Applied For 65-0980414 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 MACCAGNO, MARK R Street Address (P.O. Box Number is Not Acceptable) 8250 N.E. 10TH AVENUE MIAMI FL 33138-4108 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Change Addition MACCAGNO, MARK R NAME NAME STREET ADDRESS 8250 N.E. 10TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAM! FL 33138-4108 CITY-ST-ZIP TITLE ☐ Delete ■ Addition TITLE ☐ Change NAME AMARAL, MARIA DO CARMO NAME 8250 N.E. 10TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33138-4108 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 TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME 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 changed, or on an attachment with an address, with all other like empowered.

FILED

MARK MACCAGNO SIGNATURE: SIGNATURE AND TYPED OR PRINTED NA