2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P01000046425** 1. Entity Name 04-26-2004 90488 011 ***150.00 LANDMARK MANAGEMENT GROUP, INC. Principal Place of Business Mailing Address 1130 WASHINGTON AVE., 4TH FL 1130 WASHINGTON AVE., 4TH FL MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address lelele Kennedi Helele Kenned Suite, Apt. #, etc CR2E034 (11/03) #505 ₩*5*DS City & State City & State 4. FEI Number Applied For 65-1120126 N. Bay Not Applicable \$8.75 Additional 3314 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SALAND, ROBERT F Street Address (P.O. Box Number is Not Acceptable) 1130 WASHINGTON AVE., 4TH FL MIAMI BEACH FL 33139 505te #505 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Delete TITLE Addition SALAND, ROBERT F NAME NAME STREET ADDRESS STREET ADDRESS 1130 WASHINGTON AVENUE,4TH FL CITY-ST-7IP MIAMI BEACH FL 33139 CITY-ST-7IP VΡ TITLE ☐ Delete TITLE Addition ROJO, FRANCISCO NAME NAME 1130 WASHINGTON AVENUE,4TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP ☐ Delete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 reports 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

FILED