2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 04, 2004 8:00 am Secretary of State DOCUMENT # P03000018105 05-04-2004 90163 004 ***150.00 CASÉLTON MANAGEMENT CORP. Principal Place of Business Mailing Address 9350 SOUTH DIXIE HIGHWAY 9350 SOUTH DIXIE HIGHWAY **SUITE 1500 SUITE 1500** MIAMI, FL 33156 MIAMI, FL 33156 2. Principal Place of Business 800/ NW 185 Test. 185 Pero. 200/ Suite, Apt. #, etc. ite, Apt. #, etc. 04282004 Chg-P CR2E034 (10/03) City&State Liceliah Applied For Not Applicable \$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 Gonzales SEGREDO, FRANKJI 9350 SOUTH DIXIE HIGHWAY **SUITE 1500** MIAMI, FL 33156 ZipSomO/J 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE GONZALEZ, JESUS M NAME NAME STREET ADDRESS 10917 N.W. 59TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE PEREZ, YIZBET C NAME NAME STREET ADDRESS 10917 N.W. 59TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

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 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.

SIGNATURE NAME OF SIGNING OFFICER OR DIRECTOR Davtime Phone #