2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P96000059925 03-19-2004 90052 038 ***150 00 1. Entity Name LAURA PACIFIC INC. Mailing Address 94032563 Principal Place of Business 520 BRICKELL KEY DRIVE 520 BRICKELL KEY DRIVE **SUITE 0-305 SUITE 0-305** MIAMI, FL 33313-1 MIAMI, FL 33313-1 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 65-0706113 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DID ROJAS, MARCOS E 520 BRICKELL KEY DRIVE SUITE O-305 MIAMI, FL 33313-1 City 8. The above named entity submits this statement for the pure e of changing its registered office or egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 12160 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAZUELA, MONICA NAME NAME 520 BRICKELL KEY DRIVE, SUITE 0-305 STREET ADDRESS STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZEP ☐ Defete TITLE Change ☐ Addition TITLE MAZUELA, MONICA NAME NAME 520 BRICKELL KEY DR SUITE 0-305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL VΡ ☐ Delete TITLE ☐ Change ☐ Addition TITLE ROJAS, MARCO NAME NAME 520 BRICKELL KEY DR SUITTE 0-305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE 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 and all others. We empowered in 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 in 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 in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the co

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Royas

3/10/04

FILED Mar 19, 2004 8:00 am

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