2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED DOCUMENT # P97000061736 04 MAR 10 AM 11: 12 UNITED INDUSTRIES SERVICES, INC. SECRETARY OF STATE FLORIDA Principal Place of Business Mailing Address 18025 S.W. 192 STREET 18025 S.W. 192 STREET **MIAMI FL 33187 MIAMI FL 33187** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0767844 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAZ, IVAN A 18025 S.W. 192 STREET **MIAMI FL 33187** City 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 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PST** TITLE ☐ Addition ☐ Delete EXANDER JUAN OTERO DIAZ, IVAN A NAME NAME West 56 TERR 18025 S.W. 192 STREET STREET ADDRESS STREET ADDRESS 1919 MIAMI FL 33187 CITY-ST-ZIP HIAlenh 33012 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition **400030560964** 03/16/04--01051--001 **150.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 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 suppliemental 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 addless, with all other like empowered.

SIGNATURE:

LEXANDER JUAN OFRO