2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2004 08:00 AM Secretary of State

| | 711111-11 | | | | • a | | |
|--|--|--|----------------------------|-----------------------|----------------------|--------------------|---------------------------------|
| DOCUMENT # S68619 1. Entity Name TRIPLE CROWN INTERNATIONAL, INC. | | | | Secretary of State | | | |
| Principal Place 10891 SW 26 MIAMI, FL 33 | 6TH ST | failing Address 10891 SW 26TH ST MIAMI, FL 33165 | | | | | |
| DO NOT WRITE IN THIS SPAC | | | CE | 04082004 | No Chg-P | CR2E034 | |
| | | | | 4. FEI Numb 64-041 | 6787 | | Not Applicable 3.75 Additional |
| | | | T | 5. Certificate | of Status Desired | Fee | Required |
| 6. Name and Address of Current Registered Agent FERNANDEZ, JORGE F 10891 SW 26TH ST MIAMI, FL 33165 | | | DO NOT WRITE IN THIS SPACE | | | | |
| 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 titl | d Agent signature required | when reinstating) | i Treatha | DATE | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | Election Campalgn Finar Trust Fund Contribution. | | | 04/14/04 04/14/04 | リロスさんり -80054-0 | 21 150.00 |
| 10. OFFICERS AND DIRECTORS | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDT FERNANDEZ, JORGE F 10891 SW 26TH ST MIAMI, FL 33165 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD FERNANDEZ, MARIA C 10891 SW 26TH ST MIAMI, FL 33165 | - | | | | | |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP | | | DO NOT WRITE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SF | PACE | |

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.

SIGNATURE:

TITLE

STREET ADDRESS CITY-SI-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

Mana - Formanda SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 2004

(305) 221-0077