2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P03000040019 1. Entity Name 04-26-2004 90989 030 ***150.00 **TUCSON CORPORATION** Principal Place of Business Mailing Address 1725 MAIN STREET, A Common of the common of 1725 MAIN STREET SUITE 205 SUITE 205 WESTON FL 33326 WESTON FL 33326 2. Principal Place of Business 3. Mailing Address 2-2-6-0-11-5 2260 N Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number City & State City & State Applied For Holly ollywood Not Applicable Zip Country Country \$8.75 Additional 33021 5. Certificate of Status Desired U´S A US 30 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gareca, Hugo TOVAR, ILEANA A ESQ. Street Address (P.O. Box Number is Not Acceptable) 1725 MAIN STREET SUITE 205 WESTON FL 33326 Zip Code 33021 Y w o o o 8. The above named entity submits this purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. SIGNATURE (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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition GARECA, HUGO NAME GARECA, HUGO NAME 2260 N 57 AVC STREET ADDRESS 1725 MAIN STREET SUITE 205 STREET ADDRESS Hollywood-FL WESTON FL 33326 CITY-ST-ZIP CITY-ST-ZIP SVD TITLE ☐ Delete TITLE ☐ Addition AGUIRRE, EVELYN AGUIRRE, EVELYN MAME NAME 2260 N 57 Ave STREET ADDRESS 1725 MAIN STREET SUITE 205 STREET ADDRESS Hollywood-FL CITY-ST-ZIP WESTON FL 33326 CITY-ST-ZIP 33021 TITLE ☐ Delete TITLE GARCIA, MONICA NAME GARCIA, MONICA NAME STREET ADDRESS 2-2-6-0-N-5-7-A-v-e 1725 MAIN STREET SUITE 205" STREET-ADDRESS CITY-ST-ZIP WESTON FL 33326 CITY-ST-ZIP 33021 Delete TITLE **Addition** TITLE ☐ Change AGUIRRE, CARLOS MARIA 2260 N 57 AVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP tollywood-FL TITLE ☐ Delete TITLE ☐ Change M Addition MEYER, JOSEFINA 2260 N 57 Ave NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33021 CITY-ST-7IP TITLE ☐ Delete TITLE Addition X MEYER BRIAN 1260 N ST AV 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 19.07(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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/2004

FILED