2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

NGMATURE AND TYPED OR PRIN

D NAME OF SIGNING OFFICER OR DIRECTOR

May 05, 2004 8:00 am DOCUMENT # P97000061620 **Secretary of State** 1. Entity Name 05-05-2004 90234 041 ***150.00 934-5151, INC. Principal Place of Business Mailing Address BANK ATLANTIC-C/O MR. ISAAC A. CHINKIES 1101 BRICKELL AVE. MIAMI FL 33131 BANK ATLANTIC-C/O MR. ISAAC A. CHINKIES 1101 BRICKELL AVE. MIAMI FL 33131 14021760 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Zip Country \$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 CHINKIES, ALBERTO Street Address (P.O. Box Number is Not Acceptable) 5333 COLLINS AVENUE #8-B MIAMI BEACH FL 33140 City Zip Code 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE VPD ☐ Delete TITLE ☐ Change ☐ Addition NAME LANGIER DE CHINKIES, MARTA JUDITH NAME 5333 COLLINS AVENUE #8-B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition CHINKIES, MARIA LAURA NAME NAME STREET ADDRESS 5333 COLLINS AVENUE #8-B STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change Addition NAME CHINKIES,-YANINA G NAME STREET ADDRESS 5333 COLLINS AVENUE #8-B STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition CHINKIS, DANIELA NAME NAME STREET ADDRESS 5333 COLLINS AVE 8-B STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP CITY-ST-ZIP DS TITLE ☐ Delete TITLE ☐ Change ■ Addition CHINKIES, MARIA NAME NAME 5333 COLLINS AVENUE STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete 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 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.

FILED

Daytime Phone #