2004 FOR PROFIT CORPORATION-

FILED ANNUAL REPORT (AR) Mar 18, 2004 8:00 am Secretary of State **DOCUMENT # 331338** 1. Entity Name 03-18-2004 90003 008 ***150.00 VALE MANAGEMENT, INC. Principal Place of Business Mailing Address 2351 W FLAGLER ST 2351 W FLAGLER ST 54019043 **MIAMI FL 33135 MIAMI FL 33135** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1321541 Not Applicable Zip Country 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 VIDAL, SERGIO C 2351 WEST FLAGLER STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33135** 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 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DILE Delete TITLE ☐ Addition O'DELL, ANA NAME NAME STREET ADDRESS 2351 W FLAGLER ST STREET ADDRESS CITY-ST-7IP MIAMI FL 33135 CITY-ST-ZIP PD ☐ Delete TITLE □ Change Addition NAME VIDAL, SERGIO C. NAME 2351 WEST FLAGER ST STREET ADDRESS STREET ADDRESS MIAMI FL 33135 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition VIDAL, TERESA NAME. NAME. ___ 2351 WEST FLAGLER ST STREET ADDRESS STREET ADDRESS MIAMI FL 33135 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition VIDAL, SERGIO C NAME NAME STREET ADDRESS 2351 WEST FLAGER ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33135 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME

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 trusted empowered to execute this report as equired 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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS