2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 08:00 AM Secretary of State **DOCUMENT # 506739** 1. Entity Name FLORIDA CHAIN CORP. Principal Place of Business Mailing Address 5356 W 14TH LANE 13032 SW 5TH ST HIALEAH, FL 33012 MIAMI, FL 33184 U\$ 04232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1685724 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent RAMIREZ, ONELIO DO NOT WRITE 5356 WEST 14 LANE HIALEAH, FL 33012 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 title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PTS TITLE NAME RAMIREZ, ONELIO STREET ADDRESS 5356 WEST 14TH LANE CITY-ST-ZIP HIALEAH, FL U00000129875 04/26/04-80095-025 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS DO NOT WRITE CHTY-ST-ZIP IN THIS SPACE BULE NAME STREET ADDRESS CITY-ST-70P MILL NAME STREET ADDRESS CITY-ST-ZIP mu 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

ING OFFICER OR DIRECTOR

FILED