2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 11, 2004 08:00 AM Secretary of State **DOCUMENT # 660512** WHITE & BROWN, PROFESSIONAL ASSOCIATION Principal Place of Business Mailing Address 9000 SW 152 ST 9000 SW 152 ST STE 102 STE 102 MIAMI, FL 33157 MIAMI, FL 33157 US US 01052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1957180 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BROWN, B MACKAY DO NOT WRITE 9000 SW 152 ST STE 102 IN THIS SPACE MIAMI, FL 33157 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) U00000046623 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 02/12/04-80008-009 150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE BROWN, B. MACKAY NAME 9000 SW 152 ST, #102 STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE STREET ADDRESS C!TY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS

SIGNATURE: NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED