2004 FOR PROFIT CORPORATION

May 04, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # F01000005854 05-04-2004 90167 005 ***158.75 1. Entity Name AEROCAV INTERNATIONAL INC. Principal Place of Business Mailing Address 7800 N.W. 25 STREET, #15 780 N.W. LE JEUNE RD., #516 MIAMI, FL 33122 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1092037 Not Applicable Zip Country 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 PIEDRA, AURELIO A CPA Street Address (P.O. Box Number is Not Acceptable) 780 N.W. LE JEUNE RD., STE. 516 MIAMI, FL 33126 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition SADOVNIK, ABA NAME -URB BELLO MONTE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CARACAS, VENEZUELA, CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME POSSAMAI, ANTONIO NAME STREET ADDRESS **ORIPOTO** STREET ADDRESS CITY-ST-ZIP CARACAS, VENEZUELA, CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition COGOLLOS, REINALDO NAME NAME STREET ADDRESS LAS URBINA STREET ADDRESS CITY-ST-ZIP CARACAS, VENEZUELA, CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition ESQUIVEL, JUAN CARLOS NAME NAME 7800 N.W. 25 STREET, #15 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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 epoch 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 epochaging.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #