2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 10, 2004 8:00 am **Secretary of State** DOCUMENT # F03000001932 03-10-2004 90024 050 ****70.00 SUFLETE OMENESTI, INC. Principal Place of Business Mailing Address 16558 N.E. 26 AVE., #3G 16558 N.E. 26 AVE., #3G 740TD\AT NORTH MIAMI BEACH, FL 33160 NORTH MIAMI BEACH, FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272004 Chg-NP CR2E037 (10/03) me ame City & State City & State 4. FEI Number Applied For ove a-s 81-061061 Not Applicable 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 Name BIRMAN, LARISA ==- == 16558 N.E. 26 AVE., #3G Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI BEACH, FL 33160 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 (NOTE: Registered Agent signature required when reinstating) typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2004 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete IVANOV, VALENTIN NAME NAME MOLDOVA CHISINAU, 38 DACID BD., STREET ADDRESS STREET ADDRESS CITY-ST-ZIP #193, MD-2060, CITY-ST-7IP VCV TITLE ☐ Delete TITLE ☐ Change ☐ Addition SOCOLOVA ELENA NICOLAEVNA NAME NAME MOLDOVA CHISINAU, 38 DACID BD., STREET ADDRESS STREET ADDRESS CITY-ST-ZIP #193, MD-2060. CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME BISTRITCAIA IRINA ALEXANDROVNA NAME MOLDOVA CHISINAU, 38 DACID BD., - . STREET ADDRESS STREET ADDRESS #193, MD-2060, CITY-ST-7IP CITY-ST-ZIP TTTLE ☐ Detete ☐ Change ☐ Addition KODRIANU LARISA MICHAELOVNA NAME NOLDOVA CHISINAU, 38 DACID BD., STREET ADORESS STREET ADDRESS #193. MD-2060, CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CFTY:-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change 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 617, 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