

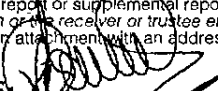


FILED
Apr 27, 2005 08:00 AM
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # F99761 1. Entity Name TASK INVESTMENTS CORPORATION</div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><small>Principal Place of Business</small> % ALBERNI & ALBERNI, P.A. 4649 PONCE DE LEON BLVD., SUITE 404 CORAL GABLES, FL 33146</div><div><small>Mailing Address</small> % ALBERNI & ALBERNI, P.A. 4649 PONCE DE LEON BLVD., SUITE 404 CORAL GABLES, FL 33146</div></div>		<div style="display: flex; justify-content: space-between; align-items: center;"><div>APR 27, 2005 03:00 PM</div><div>Secretary of State</div></div> <div style="text-align: center; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;">04252005No Chg-PCR2E034 (10/03)</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>4. FEI Number 59-2220448</div><div>Applied For <input type="checkbox"/> Not Applicable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent		
ALBERNI, PEDRO L., CPA 4649 PONCE DE LEON BLVD. #404 CORAL GABLES, FL 33146	DO NOT WRITE 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.		
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div><small>(NOTE: Registered Agent signature required when reinstating)</small></div><div><small>DATE</small></div></div>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	<div style="display: flex; justify-content: space-between;"><div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></div><div>\$5.00 May Be Added to Fees</div></div>	
10. OFFICERS AND DIRECTORS		
<small>TITLE</small>	<small>NAME</small>	
<small>NAME</small>	PD CARRILLO, JULIO M	
<small>STREET ADDRESS</small>	550 OCEAN DR., 9H	
<small>CITY- ST- ZIP</small>	KEY BISCAYNE, FL 33149	
<small>TITLE</small>		
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY- ST- ZIP</small>		
<small>TITLE</small>		
<small>NAME</small>		
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<small>TITLE</small>		
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY- ST- ZIP</small>		
<div style="display: flex; justify-content: space-between;"><div>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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</div><div style="text-align: right;"><div style="display: flex; justify-content: space-between; align-items: center;"><div>SIGNATURE: </div><div><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div></div><div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><small>Date</small></div><div><small>Daytime Phone #</small></div></div></div></div>		