2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 20, 2004 8:00 am Secretary of State DOCUMENT # H25969 1. Entity Name 04-20-2004 90020 017 ***158.75 MOGEDESA INVESTMENTS, INC. Principal Place of Business Mailing Address 3801 N 41ST AVENUE STE. #201 SOUTH HOLLYWOOD FL 33021 3801 N 41ST AVENUE STE. #201 SOUTH HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address 3801 N 41 ST AVENUE 3801 N. 4/57 Suite, Apt. #, etc. CR2E034 (11/03) City & State City/& State 4. FEI Number Applied For 59-2457706 YOLLY WOOT OLLYWOOT Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33021 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHTER, MORRIS Street Address (P.O. Box Number is Not Acceptable) **3801 N 41ST AVENUE HOLLYWOOD FL 33021** 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition RICHTER, MORRIS NAME NAME STREET ADDRESS 3801 N 41ST AVENUE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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.

SIGNATURE:

MARCH 10,2004

FILED