2004 FOR PROFIT CORPORATION

SIGNATURE:

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Apr 30, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # H60188** 04-30-2004 90252 025 ***150.00 1. Entity Name JACARANDA COMMERCIAL CORPORATION Principal Place of Business Mailing Address 94075576 395 COMMERCIAL CT 395 COMMERCIAL CT STE A STE A BENICE, FL 34292 VENICE, FL 34292 2. Principal Place of Business 333 S. Tamiami Trail 3. Mailing Address 333 S. Tamiami Trail Suite Apt #, etc. Suite 101 Suite, Apt. #, etc. 01152004 CR2E034 (10/03) Cha-P Suite 101 City & State City & State Applied For 4. FEI Number Venice, FL 59-2536874 Venice, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34285 34285 Sarasota Sarasota Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, MICHAEL W. 395 COMMERCIAL CT Street Address (P.O. Box Number is Not Acceptable) STE A VENICE, FL 34292 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 minutating) DATE Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition Tr Change PD - Miller, Michael W. NAME MILLER, MICHAEL W. NAME STREET ADDRESS 395 COMMERCIAL CT, STE A 333 S. Tamiami Trail, Suite 101 STREET ADDRESS CITY-ST-ZIP VENICE, FL 34292 CITY-ST-ZIP Venice, FL 34285 VSD TITLE ☐ Delete TITI F □ Change ☐ Addition VSD - Parrish, Jayne E. PARRISH, JAYNE E.. NAME NAME 333 S. Tamiami Trail, Suite 101 STREET ADDRESS 395 COMMERCIAL CT, STE A STREET ADDRESS CITY-ST-ZIP VENICE, FL 34292 CITY-ST-7IP Venice, FL 34285 **VPD** ☐ Delete IIILE Change ☐ Addition VPD - Miller, T.D. MAME MILLER, T.D. NAME 333 S. Tamiami Trail, Suite 101 3985 COMMERCIAL CT, STE A STREET ADDRESS STREET ADORESS CITY-ST-ZIP VENICE, FL 34292 CITY-ST-ZIP Venice, FL 34285 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ПΠЕ ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZI CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition 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 trustage 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.