2004 FOR PROFIT CORPORATION

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Mar 25, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # H92452 1. Entity Name COOJO INVESTMENT CO. Principal Place of Business Mailing Address 900 S.FEDERAL HIGHWAY 900 S.FEDERAL HIGHWAY SUITE 321 SUITE 321 STUART, FL 34994 STUART, FL 34994 03232004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2616038 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent STETSON, J. MICHAEL DO NOT WRITE 900 S FED HWY #321 STUART, FL 34994 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. 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 U00000096140 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 03/25/04-80016-021 150.00 10. OFFICERS AND DIRECTORS TITLE DP STETSON, J M NAME STREET ADDRESS 900 S FED HWY #321 CITY - ST-ZIP STUART, FL 34994 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment withan add estimated the same required by Chapter 607.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/04

772.286.2440

FILED

Date

Daytime Phone #