2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 13, 2004 8:00 am Secretary of State **DOCUMENT # J45069** 05-13-2004 90011 002 ***150.00 PALORI EQUITIES, INC. Principal Place of Business Mailing Address ~ ~ ~ ~ ~ P 0 BOX 53 **58 LADOGA AVENUE TAMPA, FL 33606** TAMPA, FL 33601-053 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042003 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2760074 Not Applicable Zip Country Zip 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 R. JAMES ROBBINS, JR, Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BOULEVARD **SUITE 3700** TAMPA, FL 33602-0000 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) 9. Election Campaign Financing FILE NOW!!! 'FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPT TITLE ☐ Delete TITLE Change ☐ Addition PALORI, VINCENT PAloei, Vincent 58 Ladoge Aue NAME NAME **58 LADOGA AVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL CHY-ST (P) TAMPA, FL 33606 TITLE Delete TITLE Change ■ Addition PALORI, JULIUS NAME STREET ADDRESS 58 LADOGA AVE STREET ADDRESS CITY-ST-ZIP TAMPA, EL CITY-ST-ZIP DS ☐ Delete TITLE ☐ Change ☐ Addition PALORI, VIVÂN NAME NAME 58 LADOGA AVE STREET ADDRESS STREET ADDRESS 33606 CITY-ST-7/P TAMPA, FL CITY-ST-(EP) TITLE ☐ Delete Addition TITLE ☐ Change NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete ☐ Channe ☐ Addition TITLE 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 of 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 office, like empowered.

FILED