2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # K24809 1. Entity Name IHOLDINGS.COM, INC. 04 JUL -6 AM 8: 00 Principal Place of Business Mailing Address 13205 SW 137TH AVE 13205 SW 137TH AVE SUITE 133 SUITE 133 MIAMI, FL 33186 MIAMI. FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 06282004 CR2E034 (10/03) City & State City & State 4. FEI Number 65-0058157 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 Name WASSERSTROM, BARRY Street Address (P.O. Box Number is Not Acceptable) 4621 HOLLYWOOD BLVD. SUITE 100 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 500039064895 TITLE TITLE Addition Delete FERNANDEZ, CARLOS NAME NAME 07/13/04--01058--001 9032 NW 12TH ST **51. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP PRESIDENT TITLE TITLE Change Addition BÀRON, RICHARD SOINE 15 AUR, Ste 201 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 1991811 CITY-ST-ZiP TITLE ☐ Delete TITLE -cretaru Change Addition NAME NAME P. Vasqu 505 SW 137 Ave, Ste. 133 STREET ADDRESS STREET ADDRESS 11ami, FI 33186 CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE TITLE Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ... Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 sustee 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR