1. 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2004 08:00 AM Secretary of State DOCUMENT # L17828 1. Entity Name PIOS & SONS ENTERPRISES, INC. Principal Place of Business Mailing Address 320 ATLANTIC AVE 320 ATLANTIC AVE SUNNY ISLES, FL 33160 SUNNY ISLES, FL 33160 US 03172004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0198879 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE ORTIZ, HECTOR M 320 ATLANTIC AVE SUNNY ISLES, FL 33160 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. (NOTE Registered Agent aignature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ORTIZ, HECTOR M 000000110730 04/12/04-80096-001 150.00 320 ATLANTIC AVENUE STREET ADDRESS CITY-ST-ZIP SUNNY ISLES, FL 33160 TITLE NAME 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 TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing document quality 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 acquirate 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 histograms.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

Daytime Phone #

FILED