2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 29, 2005 08:00 AM Secretary of State DOCUMENT # L25515 1. Entity Name MIKASA HOMES, INC. Principal Place of Business Mailing Address 13200 S.W. 128 ST. 13200 S.W. 128 ST. BLDG. G MIAMI FL 33186 US BLDG. G MIAMI FL 33186 US. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. # etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0151748 Not Applicable Zip Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUTIERREZ, JOSE A Street Address (P.O. Box Number is Not Acceptable) 11787 S.W. 93RD TERRACE MIAMI FL 33186 Zìp 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete THE Change ☐ Addition 1100000341724 GUTIERREZ, TANIA NAME NAME 04/29/05-80028-008 158.75 11787 SW 93RD TERRACE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP MIAMI FL CITY-ST-ZIP VPS TITLE ☐ Delete TSTEE Change Addition GUTIERREZ, JOSE A. NAME MAME 11787 SW 93RD TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-7P TITLE Delete THILE Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP THE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition [NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete HILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 supplimental 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 received 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 pine like empowered.

FILED