2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # L96217** 03-10-2004 90022 002 ***150.00 LTC INVESTMENTS, INC. Principal Place of Business Mailing Address 4401000 8500 SW 8TH STREET 4444 SW 71ST AVENUE **SUITE #246 SUITE #107** MIAMI, FL 33144 MIAMI, FL 33155 2. Principal Place of Business 3. Mailing Address 4444 SW 71st Avenue Suite, Apt. #, etc Suite, Apt. #, etc. 01262004 CR2E034 (10/03) Suite 107 Applied For City & State City & State 4. FEI Number Miami, Fl. 65-0225938 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33155 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IGLESIAS, ROLANDO Street Address (P.O. Box Number is Not Acceptable) 4444 SW 71ST AVE **SUITE 107** MIAMI, FL 33155 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. Fam 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, OFFICERS AND DIRECTORS 11. PDS XX Change Addition TITLE ☐ Delete TITLE IGLESIAS, ROLANDO NAME NAME STREET ADDRESS 9265 S.W. 10TH TERRACE STREET ADDRESS 2555 Collins Ave, Apt. 709 CITY-ST-ZIP CITY+ST-ZIP MIAMI, FL Miami Beach, Fl. 33140 Change . Addition X Delete nne TITLE NAME IGLESIAS, ELINA NAME STREET ADDRESS **9261 SW 11TH STREET** STREET ADDRESS CITY-ST-7IP CITY-ST-7IP MIAMI, FL 33174 Change . XXAddition TITLE Delete TITLE WD NAME NAME IGLESIAS, JOSE L. STREET ADDRESS STREET ADDRESS 2555 Collins Ave, Apt. 709 Miami Beach, Fl. 33140 CITY-ST-ZIP CITY-ST-ZIP Miami Beach, Fl. TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change 1 ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 trustee empowered to execute this leport 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.

SIGNING OFFICER OR DIRECTOR

FILED Mar 10, 2004 8:00 am