2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2005 8:00 am Secretary of State DOCUMENT # M33841 05-03-2005 90107 024 ***150.00 ST. LUCIE INVESTMENT CORP. Principal Place of Business Mailing Address 2601 BISCAYNE BLVD. 2601 BISCAYNE BLVD. MIAMI, FL 33137 MIAMI, FL 33137 04272005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2684146 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIGUEZ, ANTONIO DO NOT WRITE 2601 BISCAYNE BLVD. MIAMI, FL 33137 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. 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, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS MIF NAME **GERSTEN, SHERRI** STREET ADDRESS 2601 BISCAYNE BLVD. CITY-ST-ZIP MIAMI, FL TITLE **GOLDSTEIN, MICHELLE** NAME 2601 BISCAYNE BLVD. STREET ADORESS CITY-ST-ZIP MIAMI, FL PD TITLE MILLER, ROGER MAME STREET ADDRESS 2601 BISCAYNE BLVD. DO NOT WRITE CITY-ST-ZIP MIAM!, FL TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADORESS 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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-71P

SIGNAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED