2004 NOT-FOR-PROFIT CORPORATION

changed, or on an attachment

SIGNATURE:

FILED ANNUAL REPORT (AR) Apr 14, 2004 8:00 am Secretary of State DOCUMENT # N02000004778 1. Entity Name 04-14-2004 90060 046 ****61.25 STONEWALL PRIDE, INC. Principal Place of Business Mailing Address P.O. BOX 70665 P.O. BOX 70665 OAKLAND PARK FL 33307 OAKLAND PARK FL 33307 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 30-0154630 Not Applicable 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 BROENNIMAN, MARGARET ESQ. Street Address (P.O. Box Number is Not Acceptable) 1400 NE 14TH ST. FT. LAUDERDALE FL 33304 Zip Code City 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 ered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) or printed name of registered agent and little if applicable 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution, Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Change ☐ Delete Addition RAMOS, TONY KEVIN WRIGHT NAME NAME 3061 NE 14 TH AVE 1923 FUNSTOR STREET ADDRESS STREET ADDRESS OAKLAND PARK FL 33334 CITY-ST-ZIP CITY - ST-ZIP itallywood, Fl ☐ Delete TITLE TITLE Change **Addition** LENARD, BRIAN NAME NAME 111 NE 16TH COURT STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33305 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change —— ☐ Addition WRIGHT, KEVIN NAME FT. LAUDERDALE FL 33305 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition SCHROEDER, DENNIS M NAME 3061 NE 14TH AVE STREET ADDRESS STREET ADDRESS OAKLAND PARK FL 33334 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 trusted ampowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

other like empowered

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian