2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # P0000007028** 04-29-2005 90192 019 ***150.00 B.T.N. PRODUCTS, INC. Principal Place of Business Mailing Address 221 S.W. 22ND AVD., #253 131 SW 22ND AVE MIAMI, FL 33135 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 221 SW 22 AVE 22 AVE 221 SW Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 CR2E034 (10/03) STE 250 STE City & State City & State 4. FEI Number Applied For MIAMI MiAM! 65-0982320 Not Applicable Country J A \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARENAS ARENAS, JORGE D JOEGE 221 S.W. 22ND AVD., #253 Street Address (P.O. Box Number is Nr. Acceptable) MIAMI, FL 33135 MIAM! 8. The above named entity submits 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 SIGNATURE! bood or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PS DILE PS Delete TITLE ☐ Change ☐ Addition ARENAS, JORGE D NAME ARENAS, JORGE D MAME STREET ADDRESS 221 S.W. 22ND AVD., #253 221 JW 22 AVE STE 250 MIDNI, FL 33135. STREET ADDRESS MIAMI, FL 33135 CITY-ST-ZIF CITY ST ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CLTY ST-ZIP CITY ST ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME 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 TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-71P 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 changed, or on an attachment with an address with all other like empowered. SIGNATURE: __

AGMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED