2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2004 8:00 am Secretary of State **DOCUMENT # P00000012748** 1. Entity Name 04-21-2004 90088 047 ***150.00 ISIDRO J. GONZALEZ HOLDINGS CORPORATION Principal Place of Business Mailing Address 6650 NW 37 AVE P 0 B0X 126397 MIAMI, FL 33147 HIALEAH, FL 33012-1600 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192004 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 65-0978251 Not Applicable Ζip 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 BOHATCH, JOHN S ESQ Street Address (P.O. Box Number is Not Acceptable) 2600 DOUGLAS ROAD PH 8 CORAL GABLES, FL 33134 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. 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Change Addition GONZALEZ, ISIDRO J NAME STREET ADDRESS 6620 NW 37 AVE STREET ADDRESS MIAMI, FL 33147 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-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

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12. Thereby 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 it 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 with at other like empowered. changed, or on an attachment with an address.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

4-19-04