2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P00000021322

Entity Name: WISE INVESTMENTS & SMART SOLUTIONS, INC.

Current Principal Place of Business:

3121 PONCE DE LEON BLVD., SUITE 107
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3121 PONCE DE LEON BLVD., SUITE 107
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0986197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARLIER, JULIANO
3121 PONCE DE LEON BLVD., SUITE 101
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CARLIER, ROGER
Address: 3121 PONCE DE LEON BLVD., SUITE 107
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete
Name: CARLIER, LILIANA
Address: 275 N.E. 105TH STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: TD ( ) Delete
Name: CARLIER, JULIANO
Address: CALLE 49 NO. 28-59, NO. 602
City-St-Zip: BUCARAMANGO, COLUMBIA, OC

Title: VD ( ) Delete
Name: CARLIER, MARIA E
Address: CALLE 49 NO. 28-59, NO. 602
City-St-Zip: BUCARAMANGO, COLUMBIA, OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: CARLIER, LILIANA
Address: 6401 SW 62 TERRACE
City-St-Zip: S. MIAMIQ, FL 33143

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: CARLIER, MARIA E
Address: 6351 SW 43 STREET
City-St-Zip: MIAMI, FL 33155 OC

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER CARLIER P 04/30/2004

Electronic Signature of Signing Officer or Director — Date