2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2005 8:00 am Secretary of State DOCUMENT # P0000069049 05-02-2005 90541 002 ***150.00 HALE DANIEL, CORPORATION Principal Place of Business Mailing Address 1521 ALTON ROAD 1521 ALTON ROAD SUITE 512 **SUITE 512** MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1025761 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BALCOMBE, NAOMI Street Address (P.O. Box Number is Not Acceptable) 1521 ALTON ROAD **SUITE 512** MIAMI, FL 33139 City 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 eigens and trie & applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change BALCOMBÉ, NAOMI NAME NAME 1521 ALTON ROAD, SUITE 512 STREET ADDRESS STREET ADDRESS CATY-ST-ZIP MIAMI, FL 33139 CITY-ST-Z/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete: TITLE Change 1 - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CFTY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Delete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 intelligence and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director (thistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if an additional transport of the properties of the prop thereby certify that the information indicated on this report or se of the corporation or the rechanged, or on an attach SIGNATURE:

FILED