2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P00000076171

Entity Name: BELICE INVESTMENTS INC.

Current Principal Place of Business:

1000 PONCE DE LEON BLVD
SUITE 329
CORAL GABLES, FL 33134

New Principal Place of Business:

340 MADEIRA AVE.
CORAL GABLES, FL 33134

Current Mailing Address:

PO BOX 140309
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number: 65-1035980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FABRE, FRANK R.S. ESQ
717 PONCE DE LEON BLVD STE 234
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: DP ( ) Delete
Name: CELESTRIN, BELKIS M
Address: 1000 PONCE DE LEON BLVD., SUITE 329
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Delete
Name: CORREA, ELIZABETH
Address: 1000 PONCE DE LEON BLVD., SUITE 329
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CELESTRIN, BELKIS M
Address: POBOX 140309
City-St-Zip: CORAL GABLES, FL 33114

Title: S (X) Change ( ) Addition
Name: CORREA, ELIZABETH
Address: POBOX 140309
City-St-Zip: CORAL GABLES, FL 33114

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: BELKIS M CELESTRIN DP 04/28/2004

Electronic Signature of Signing Officer or Director — Date