2004 FOR PROFIT CORPORATION

May 24, 2004 8:00 am Secretary of State **ANNUAL REPORT** 05-24-2004 90002 002 ***150.00 **DOCUMENT # P00000081194** HOT SHOTS BILLIARDS, INC. **54**055342 Principal Place of Business Mailing Address 10381 SW 186 ST. 2ND FLOOR 19325 S. DIXIE HWY MIAMI, FL 33157 MIAMI, FL 33157 CR2E034 (10/03) 01172004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1036825 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANCHESTER, CHARLES DO NOT WRITE 19132 SW 99 AVE. 17300 SW 288 ST MIAMI, FL 38157 IN THIS SPACE 33030 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. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MANCHESTER, CHARLES NAME 19132 SW 99 AVE. 17300 SW 288 St STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED