2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE AND

Mar 01, 2004 8:00 am Secretary of State DOCUMENT # P00000081500 03-01-2004 90049 036 ***150.00 VENZAM REAL ESTATE INVESTMENTS, INC. Principal Place of Business Mailing Address 94022465 3925 3925 194 LANE 194 LANE MIAMI, FL 33160 MIAMI, FL 33160 2. Principal Place of Business 3. Mailing Address 3925 194th Lane 3925 194th Lane Suite, Apt. #, etc. Suite, Apt. #, etc 02132004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 65-1063379 Sunny Isles. Florida Sunny Isles, Florida Not Applicable Zip Country Zip \$8.75 Additional----5. Certificate of Status Desired -33160 33160 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONTELLO, LOUIS R Street Address (P.O. Box Number is Not Acceptable) 777 BRICKELL AVENUE SUITE 1070 MIAMI, FL 33131 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 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DР TITLE TITLE Change Addition ☐ Delete Benzazon, Yannick NAME BENZAZOR, YANNICK NAME STREET ADDRESS 194TH LANE STREET ADDRESS 3925 194th Lane CITY-ST-ZIP MIAMI, FL 33160 CITY-ST-ZIP Sunny Isles, Florida 33160 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 ☐ 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-SY-ZIP TITLE Delete TITLE · 🔲 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the and that my signature shall have the same legal effect as if made under oath; that I am an officer or director by this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with the indicated on this report or supplemental report is to of the corporation or the receiver or trusted important the corporation of the receiver or trusted in the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corpor changed, or on an attachment with an a SIGNATURE:

GNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED