2004 FQR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

Apr 07, 2004 8:00 am Secretary of State DOCUMENT # P00000089048 04-07-2004 90031 034 ***150 00 1. Entity Name GERVIC, INC. Principal Place of Business Mailing Address 44025317 3324 S UNIVERSITY DR. 3324 S UNIVERSITY DR. MIRAMAR, FL 33025 MIRAMAR, FL 33025 2. Principal Place of Business 7179 PEMBROKE ROAD 3. Mailing Address 7179 PEMBROKE ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 04012004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For PEMBROKE PINES, PEMBROKE PINES, FL 65-1050995 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33023 33023 U.S 6. Name and Address of Current Registered Agent -7.-Name and Address of New Registered Agent. Name RUIZ, GEOVEL BOSCH, JAIRO Street Address (P.O. Box Number is Not Acceptable) 1943 NW 184 TH WAY 7179 PEMBROKE RD PEMRBOKE PINES, FL 33023 Zip Code33029 City PEMBROKE PINES FL 8. The above named trly 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 obligation: registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PVTS** Delete TITLE Change ☐ Addition TITLE PVTS RUIZ, GEOVEL NAME NAME RUIZ, GEOVEL 7680 GRANADA BLVD STREET ADDRESS STREET ADDRESS 1943 NW 184 TH WAY MIRAMAR, FL 33023 CITY-ST-7IP CITY-ST-ZIP PEMBROKE PINES, FL 33029 Change ☐ Addition ☐ Delete TITLE TITLE RUIZ, GEOVEL NAME NAME RUIZ, GEOVEL 7680 GRANADA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1943 NW 184 TH WAY CITY-ST-ZIP MIRAMAR, FL 33023 PEMBROKE PINES, FL 33029 ☐ Change ☐ Addition TITLE . Delete _ TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information 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 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 attact ment an address, with a state like empowered. President 04/01/04

FILED