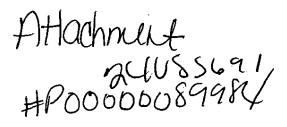
2004 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 17, 2004 8:00 am Secretary of State **DOCUMENT # P00000089984** 1. Entity Name 09-17-2004 90006 006 ***150.00 THE DEVELOPMENT GROUP OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 18001 COLLINS AVE 18001 COLLINS AVE SUITE 102 SUITE 102 SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160 P.O. Box Principal Place of Business 688 MERIDIAN Suite, Apt. #, etc. Suite, Apt. #, etc. 08202004 CR2E034 (10/03) 200 4. FEI Number Applied For City & State City & State 65-1043937 Not Applicable \$8.75 Additional 1) 5. 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MATTHEW LEVENTHAL, CYNTHIA A Street Address (P.O. Box Number is Not Acceptable) 18801 COLLINS AVE. SUITE 102 1221 BRICKFII SUNNY ISLES BEACH, FL 33160 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 (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$550.00 Trust Fund Contribution Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change DALY, THOMAS F NAME NAME 18801 COLLINS AVE., SUITE 102 STREET ADDRESS STREET ADDRESS SUNNY ISLES BEACH, FL 33160 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change NAME LEVENTHAL, CYNTHIA NAME STREET ADDRESS 18801 COLLINS AVE., SUITE 102 STREET ADDRESS CITY-ST-ZIP SUNNY ISLES BCH, FL 33160 CATY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition SMITH, BARBARA NAME NAME 18801 COLLINS AVE., SUITE 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNNY ISLES BCH, FL 33160 CITY-ST-ZIE ☐ Change □ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 followed 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:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED



August 20, 2004

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed is a check for \$150 for the 2004 Annual Report for the Development Group of South Florida, Inc. I am requesting the \$400 late filing fee be waived as the pre-printed card to file by May 1st was not received. I may be contacted at 305-674-8310 if you have any questions.

Thank you,

Ornella Hernandez

Controller

The Development Group of South Fl, Inc.