2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 05, 2004 08:00 AM Secretary of State DOCUMENT # P00000097619 MCDONALD'S TAMPA BAY R.O.A., INC. Principal Place of Business Mailing Address C/O CLAUDIA STRAW C/O CLAUDIA STRAW PO BOX 40888 PO BOX 40888 ST. PETERSBURG, FL 33743 ST. PETERSBURG, FL 33743 No Chg-P 01052004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3676391 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STRAW, CLAUDIA DO NOT WRITE 1301 66TH ST N SAINT PETERSBURG, FL 33710 IN THIS SPACE 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) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing U00000076915 2**05/04-**80021-010 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS C TITLE PRADO, JC NAME STREET ADDRESS C/O CLAUDIA STRAW PO BOX 40888 SAINT PETERSBURG, FL 33743 CITY-ST-ZIP COC TETLE VELIZ, ANGEL NAME STREET ADDRESS C/O GLAUDIA STRAW PO BOX 40888 CITY-ST-ZIP SAINT PETERSBURG, FL 33743 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHY-ST. ZIP TITLE

12. I hereby certify that the information supplied with this litting 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 affect 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 attachapent with an address, with all other like empowered.

SIGNATURE: 3

NAME -STREET #DDRESS CRY-ST-7IP TITLE NAME STREET ADDRESS City-St-Zip

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED