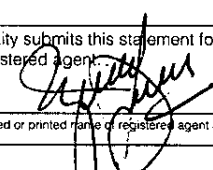
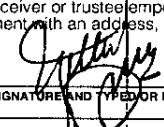


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90511 026 ***150.00

DOCUMENT # P00000098461 1. Entity Name CECOM, INC.																													
Principal Place of Business 169 E. FLAGLER ST SUITE 1534 MIAMI, FL 33131			Mailing Address 169 E. FLAGLER ST SUITE 1534 MIAMI, FL 33131																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number 03242004			Chg-P CR2E034 (10/03)																										
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent MIGUEL, DEICH 169 E. FLAGLER ST. #1534 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name MIGUEL DEICH Street Address (P.O. Box Number is Not Acceptable) 169 E FLAGLER ST # 1534 City MIAMI FL Zip Code 33131																										
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  M. DEICH 04/21/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PD</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>DEICH, MIGUEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>169 E. FLAGGER ST., #1534</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33131</td> <td></td> </tr> </table>			TITLE	PD	☐ Delete	NAME	DEICH, MIGUEL		STREET ADDRESS	169 E. FLAGGER ST., #1534		CITY-ST-ZIP	MIAMI, FL 33131		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PD</td> <td style="width: 20%; text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>DEICH, MIGUEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>169 E FLAGLER ST # 1534</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33131</td> <td></td> </tr> </table>			TITLE	PD	☒ Change ☐ Addition	NAME	DEICH, MIGUEL		STREET ADDRESS	169 E FLAGLER ST # 1534		CITY-ST-ZIP	MIAMI, FL 33131	
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12. 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 attachment with an address, with all other like empowered.			305-960-0190																										
SIGNATURE:  M. DEICH PRESIDENT 04/21/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													