²2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 14, 2005 08:00 AM Secretary of State DOCUMENT # P00000100533 GOTTLIEB INVESTMENTS, INC. Principal Place of Business Mailing Address 20300 S DIXIE HWY 20300 S DIXIE HWY MIAMI, FL 33189 MIAM!, FL 33189 01102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1057120 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOTTLIEB, MICKEY DO NOT WRITE 20300 S DIXIE HWY MIAMI, FL 33189 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE D GOTTLIEB, MICKEY NAME 20300 S DIXIE HWY STREET ADDRESS MIAMI, FL 33189 CITY-ST-ZIP U00000180704 01/14/05-80018-008 150.00 TIME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 of execute this report is 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 anything required.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> Medle SIGNATURE AND TYPE

FILED