ANNUAL REPORT

Apr 20, 2004 8:00 am Secretary of State 2004 FOR PROFIT CORPORATION **DOCUMENT # P00000102639** 04-20-2004 90023 019 ***150.00 RENT-TO-OWN CONDOMINIUMS, INC. Principal Place of Business Mailing Address 9095 S.W. 87 AVE 9095 S.W. 87 AVE #777 #777 MIAMI, FL 33176 MIAMI, FL 33176 03182004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1084118 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Syrie Ortiz 9095 SW87 Ave, Sterra Miami, FL 33176 HOWARD, EUGENE J ESQ ~ DO NOT WRITE 1111 LINCOLN RD. SUITE 400 IN THIS SPACE MIAMI BEACH, FL -33139 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 ager (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 10. OFFICERS AND DIRECTORS TITLE MITCHELL, JAMES NAME STREET ADDRESS 9095 S.W. 87 AVE., #777 CITY-ST-ZIP MIAMI, FL 33176 TITLE SIMKINS, ROD Ronald STREET ADDRESS 9095 S.W. 87 AVE., #777 CITY-ST-ZIP MIAMI, FL 33176 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 requiver 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.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Mitchell 305-270-0870 4/8/04

FILED