2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

MEMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18, 2004 8:00 am DOCUMENT # P00000103571 **Secretary of State** 02-18-2004 90008 004 ***150.00 CTE WAREHOUSING, INC. Principal Place of Business Mailing Address 7450 NW 63RD STREET 7450 NW 63RD STREET 76080056 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 8730 N·W 1005T. 3. Mailing Address 8730 N.W. 1005T. Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 65-1051184 MEDLEY MEDLER Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VILLA LBA — ER/C — —— Street Address (P.O. Box Number is Not Acceptable) VILLALBA, ERIC 7450 NW 63RD STREET **MIAMI FL 33166** 8730 N.W. 100 ST. City HOLLYWOOD MEDLEY FL ZIDGOTTO 78 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. 2/13/04 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. VILLACBA, ERIC TITLE ☐ Delete NAME VILLALBA, ERIC 8730 N.W. 100 ST. MEDLEY, FZ. 33/78 7450 NW 63RD STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP CITY-ST-ZIP BOLUSIC, MALCO TITLE ☐ Delete BELUSIC, MARCO NAME NAME 8730 NW 100 ST. 7450 NW 63RD STREET STREET ADDRESS STREET ADDRESS MEDLEY FL. 33178 CITY-ST-ZIP MIAMI FL 33166 CITY-ST-7IP CARDOSO, ROBERT ☐ Defete CARDOSO, ROBERT NAME 8730 N.W. 10057 STREET ADDRESS STREET ADDRESS 7450 NW 63RD STREET MEDLEY E. 33178 CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33166 ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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.

FILED