2004 FOR PROFIT CORPORMITION ANNUAL REPORT

May 06, 2004 08:00 AM Secretary of State **DOCUMENT # P01000020973** 1. Entity Name B-2 INVESTMENTS, INC. Mailing Address Principal Place of Business 553 BAYSHORE DR. 553 BAYSHORE DR. FT. LAUDERDALE, FL 33304 FT. LAUDERDALE, FL 33304 No Chg-P CR2E034 (10/03) 01082004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1083222 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE KIREDJIAN, PEDRO 553 BAYSHORE DR. FT, LAUDERDALE, FL 33304 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. (NOTE Registered Agent signature required when reinstating) ent and title if applicable. Signature, typed or printed hame of registers 100000157908 05/06/04-80048-010 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 15 \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE KIREDJIAN, PEDRO NAME STREET ADDRESS 553 BAYSHORE DR. FT. LAUDERDALE, FL 33304 CITY-ST-ZIP TITLE MAME STREET ADDRESS CNY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CATY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME

12. It 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 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:

STREET ADDRESS CITY-ST-ZIP TITLE SEAME STREET ADDRESS

AME OF SIGNING OFFICER OR DIRECTOR

FILED