2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 16, 2004 8:00 am **Secretary of State DOCUMENT # P01000026768** 1. Entity Name 01-16-2004 90011 046 ***150.00 **CERTO CORPORATION** Principal Place of Business Mailing Address 901 PONCE DE LEON BLVD SUITE 603 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address 2013 HORBOR VIEW LITTLE Suite, Apt. #, etc. Suite, Apt. #, etc 01062004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For WESTON FLOREDA 65-1101225 Not Applicable Zip Country [™]33327 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACEDA, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 2013 HARBOR VIEW CIRCLE FORT LAUDERDALE, FL 33327 City Zip Code 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 egistered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete TITLE ☐ Change Addition NAME MACEDA, FERNANDO NAME 901 PONCE DE LEON BLVD SUITE 603 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppowered.

FILED