2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 17, 2004 8:00 am Secretary of State DOCUMENT # P01000030118 05-17-2004 90016 045 ***150.00 QUEEN FLORIDA INVESTMENTS INC. Principal Place of Business Mailing Address **54039720**0 1300 BRICKELL AVENUE 1300 BRICKELL AVENUE MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number 04-3611155 Not Applicable Country Zip Country Zip \$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 SANCHEZ, MILAGROS Street Address (P.O. Box Number is Not Acceptable) 1300 BRICKELL AVENUE MIAMI, FL 33131 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 registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RINCON, RICARDO NAME STREET ADDRESS 1300 BRICKELL AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST- 3P MIAMI, FL 33131 TITLE SD ☐ Delete TITLE ☐ Change ■ Addition RINCON, FERNANDO NAME NAME STREET ADDRESS STREET ADDRESS 1300 BRICKELL AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-ZIP CITY-S1-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 units and dress, with all other like empowered. 1119910S Sanchez

Attorney - In - Fact

SIGNATURE: Y

FILED