2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 26, 2005 08:00 AM Secretary of State DOCUMENT # P01000034565 1. Entity Name TRADEMARK INVESTIGATION & SECURITY, INC. Mailing Address Principal Place of Business 1 2647-A NE 186 TERR. MIAMI FL 33180 2647-A NE 186 TËRR. SUITE 504 MIAMI FL 33180 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (10/04) City & State 4. FEI Number Applied For City & State NO-T APPLICABLE Not Applicable Country Ζip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 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. 11. Change Addition PSTD ☐ Delete DIG TITLE BERGER, ERIC C NAME NAME STREET ADDRESS STREET ADDRESS 2647-A NE 186 TERR. MIAMI FL 33180 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DILE ☐ Delete HILE NAME. 000000331873 04/26/05-80029-025 150.00 NAME STREET ADDRESS STREET ADDRESS CI1Y-S1-2P CITY-ST-ZIP Detete ☐ Addition TOTLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-71P Change ☐ Addition ☐ Delete OTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS (ITY-S1-2P CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TUTLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7/P CITY-ST-ZIP HILE Change ☐ Addition ☐ Delete 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 attack ment with an address, with all other like empowered.

FILED