FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000034888 FILED T.E.C.R. LORP. 02 AUG 23 PM 12: 16 This wis to be lived so the life with the site SECRETARY OF STATE TALLAHASSEE. FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Mailing Address 000007663110--0 0031 PINES BLVD. 0031 PINES BLUP. -09/11/02--01046--008 Suite, Apt. #, etc DO NORTHWATUSED N (O) (IS SPANSE) * 15(1) 10(1) Applied For ROKE PINES ROKE DINES FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name TORGE E. CARREND DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE PINES BLUD. SUITE 237 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. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61,25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. (PD) JORGE E. CARREND T(7) F HAME 10031 PINES BLUD. STREET ADDRESS STREET ADDRESS PEMBROKE PINES, FL 33024 CITY-ST- 7P CITY-SI-ZIP (VID) MARIA C. BEYES TITLE NAME NAME 10031 PINES BLYD STREET ADDRESS STREET ADDRESS PEHBROKE PINES, FL 33024 CITY-ST-7IP CITY-ST-ZIP TATA F MIE: NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY - ST - ZIP CITY-ST-ZIP TIN F IS/SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE OK energy entropy and a consideration NAME NAME ... STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THIE NALEE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or on an attachment with an address, with all other fire empowered.

SIGNATURE: _ SIGNATURE AND TYP F SIGNING OFFICER OR DIRECTOR Daytime Phone #

J.E.C.R. CORP. DOC. #P01000034888



TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY

JORGE E. CARRENO

PRESIDENT