2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2004 08:00 AM Secretary of State DOCUMENT # P01000042633 1. Entity Name THE BLANCO GROUP INVESTMENTS, INC. Principal Place of Business Mailing Address 8940 S.W. 5TH STREET 8940 S.W. 5TH STREET MIAMI, FL 33174 MIAMI, FL 33174 04232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1099555 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BLANCO, SERAFIN R DO NOT WRITE 8940 S.W. 5TH STREET MIAMI, FL 33174 IN THIS SPACE 3. 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, typed or prised name of registered agent and title if applicable. (NOTE: Registered Agent argnature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS nne NAME BLANCO, SERAFIN R STREET ADDRESS 8940 S.W. 5TH STREET CITY-ST-ZIP MIAMI, FL 33174 U00000134896 7Π≀F 04/28/04-80038-010 NAME BLANCO, MARITZA STREET ADDRESS 8940 S.W. 5TH STREET MIAMI, FL 33174 CITY-ST-ZIP TITLE BLANCO, ALAN NAME STREET ADDRESS 8940 S.W. 5TH STREET DO NOT WRITE DITY-ST-ZIP MIAMI, FL 33174 TITLE TD IN THIS SPACE NAME BLANCO, GIZELLE B STREET ADDRESS 8940 S.W. 5TH STREET CITY-ST-ZIP MIAMI, FL 33174 TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I 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 eath; that I am an officer or director of the corporation or the receiver of 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 accurate an accurate empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

FILED