2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # P01000043881--04-12-2004 90636 029 ***150.00 BUSINESS SENSE GROUP, CORP. Principal Place of Business Mailing Address PO BOX 780309 ORLANDO FL 32878-0309 2313 BUCKINGHAM RUN CT ORLANDO FL 32828 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3715496 Not Applicable Zip Country Zip 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 IRIZARRY-MIRANDA, JOSE A Street Address (P.O. Box Number is Not Acceptable) 12037 FOUNTAINBROOK BLVD., SUITE 1726 ORLANDO FL 32825 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete NAME IRIZQRRY, JOSE A Irizarry Jose A. Ct. NAME correct the STREET ADDRESS 2313 BUCKINGHAM RUN CT STREET ADDRESS 10st DOME ORLANDO FL 32828 CITY-ST-ZIP CITY-ST-ZIP O/Knd F1. 32128 **VPS** TITLE Delete TITLE ☐ Change Addition NAME RODRIGUEZ, MIGDALIA NAME 2313 BUCKINGHAM RUN CT STREET ADDRESS STREET ADDRESS ORLANDO FL 32828 CITY-ST-ZIP CITY-ST-7IP ☐ 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 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

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 empowered.

Higdalia Dodriguez

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OF DIRECTOR

FILED