2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 22, 2004 08:00 AM **Secretary of State DOCUMENT # P01000046628** t. Entity Name SANZ INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 1781 SW 21 STREET 1781 SW 21 STREET MIAMI, FL 33145 MIAMI, FL 33145 02132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0579744 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANZ, RAFAEL J DO NOT WRITE 1781 SW 21 STREET MIAMI, FL 33145 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of registered agent and trie d applicable. DATE 9. Election Campaign Financing \$5.00 May 8e U00000093537 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 03/22/04-80022-006 158.75 10. OFFICERS AND DIRECTORS BRE SANZ, RAFAEL J NAME 1781 SW 21 STREET STREET ADDRESS MIAMI, FL 33145 CITY-ST-ZIP VD TITLE SANZ, JORGE A NAME 1781 SW 21 STREET STREET ADDRESS MIAMI, FL 33145 CITY-ST-ZIP TITLE NAME SANZ, RAFAEL M 1781 SW 21 STREET STREET ADDRESS DO NOT WRITE MIAMI, FL 33145 CRY-51-78 IN THIS SPACE πτιε NAME STREET ADDRESS CITY-ST-ZP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes: Thirther 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

SIGNATURE:

TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED