2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

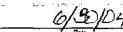
Jul 07, 2004 08:00 AM Secretary of State DOCUMENT # P01000076966 WHOLESOME PROPERTIES, INC. Principal Place of Business Mailing Address 4211 N.W. 2ND TERR. 4211 N.W. 2ND TERR MIAMI, FL 33126 MIAMI, FL 33126 07012004 No Cha-P GR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLAQUER-BATISTA, NOEMI DO NOT WRITE 8180 SW 135TH STREET MIAMI, FL 33156 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing FILE NOW!!! FEE 1\$ \$550.00 \$5.00 May Be Due by September 8, 2004 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE FLAQUER-BATISTA, NOEMI NAME U00000164233 07/07/04-80035-018 550.00 4211 N.W. 2ND TERR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 TITLE STREET ADDRESS CITY -ST-ZIP 7171E NAME STREET ADDRESS DO NOT WRITE CITY-SY-ZIP IN THIS SPACE DILE NAME STREET ADDRESS

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.) further certify that the information indicated on this report or supplementa) report is true and that my signature shall have the same legal effect as if made under cath; 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:

CITY-ST-ZIP

NAME STREET ADDRESS COTY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP



FILED