2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P01000077554** 1. Entity Name 04-26-2004 90990 006 ***150.00 BABILONIA ENTERPRISE, CORPORATION Principal Place of Business Mailing Address 2223 N.W. 26TH AVENUE 2223 N.W. 26TH AVENUE J4U0/245 MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address 1252 NW 1252 NW 55 Suite, Apt. #, etc. Sujte, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number FL City & State 65-1150880 Yi'On<u>mi</u> Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired (SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BABILONIA, JAIRO A JR. 1025 S.W. 13TH STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33129** City Zip Code 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 it 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. President Babilonia, Tairo A 1252 NW 557. H Miomi, FL 33125 ☐ Delete TITLE ☐ Addition Change 1 BABILONIA, JAIRO A NAME STREET ADDRESS 3102 SW 25 TERR STREET ADDRESS CiTY-ST-ZIP **MIAMI FL 33133** CITY-ST-ZIP TITLE ☐ Delete TIBLE Change ☐ Addition Babilonia, John A. BABILONIA, JAIRO A JR. NAME NAME 1025 S.W. 13 STREET STREET ADDRESS STREET ADDRESS Momi, PL 33145 MIAMI FL 33129 CITY-ST-7IP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/04

FILED