2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P01000077896 1. Entity Name 04-30-2004 90309 039 ***150.00 PILAR RONDEROS, P.A. Principal Place of Business Mailing Address 7809 W. COMMERCIAL BLVD. 7809 W. COMMERCIAL BLVD. TAMARAC FL 33351 TAMARAC FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State 4. FEI Number Applied For City & State 65-1138718 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 Name RONDEROS, PILAR Street Address (P.O. Box Number is Not Acceptable) 7809 W. COMMERCIAL BLVD. TAMARAC FL 33351 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Defete TITLE ☐ Change RONDEROS, PILAR NAME NAME STREET ADDRESS 7809 W. COMMERCIAL BLVD. STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33351 CITY-ST-ZIP TITLE Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Chance 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-ZIP CITY-ST-ZIP TITLE Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE 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 by 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 efficiency with all other like empowered.

FILED