2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P01000078580

Entity Name: SOLUTIONS CF PROJECT MANAGER, INC.

Current Principal Place of Business:

8901 SW 142ND AVE
APT 6-32
MIAMI, FL 33186

New Principal Place of Business:

6698 SW 140TH CT
MIAMI, FL 33183

Current Mailing Address:

8901 SW 142ND AVE
APT 6-32
MIAMI, FL 33186

New Mailing Address:

6698 SW 140TH CT
MIAMI, FL 33183

FEI Number: 65-1129403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FANELLI, CARIZA
8901 SW 142ND AVE APT 6-32
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

FANELLI, CARIZA
6698 SW 140TH CT
MIAMI, FL 33183 US

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.

SIGNATURE: _____ 04/30/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FANELLI, CARITZA D
Address: 8901 SW 142ND AVE APT 6-32
City-St-Zip: MIAMI, FL 33186

Title: VD ( ) Delete
Name: FANELLI, SAVERIO
Address: 8901 SW 142ND AVE APT 6-32
City-St-Zip: MIAMI, FL 33186

Title: SD ( ) Delete
Name: MIRANDA, PHILLIP L
Address: 8901 SW 142ND AVE APT 6-32
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FANELLI, CARITZA D
Address: 6698 SW 140TH CT
City-St-Zip: MIAMI, FL 33183

Title: VD (X) Change ( ) Addition
Name: FANELLI, SAVERIO
Address: 6698 SW 140TH CT
City-St-Zip: MIAMI, FL 33183

Title: SD (X) Change ( ) Addition
Name: MIRANDA, PHILLIP L
Address: 6698 SW 140TH CT
City-St-Zip: MIAMI, FL 33183

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARITZA D. FANELLI PD 04/30/2004
Electronic Signature of Signing Officer or Director — Date