2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P01000093103** 02-25-2004 90065 038 ***150.00 LLANOS Y ASOCIADOS MIAMI CORP. Mailing Address Principal Place of Business 3600 NE 5TH AVE 450 SW 22ND AVE OAKLAND PARK, FL 33309 FT LAUDERDALE, FL 33312 3. Mailing Address 2. Principal Place of Business 450 SW 22 AVE 4505W 22 AUR Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02232004 Chg-P Applied For 4. FEI Number city & State Fort Laud City & State FL F+-Not Applicable 65-1139485 Country 33312 Country Zip \$8.75 Additional 5. Certificate of Status Desired USA us 33312 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Olazola Barajuen, Miren Idoia Street Address (P.O. Box Number in Mot Acceptable) 450 Sw ZZ Aul BRAJUAN, OLAIZOLA 450 SW 22ND AVE FT LAUDERDALE, FL 33312 Zip Code 33317 City FJ. Laud 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. Olaizola Baratuen Miren Idoia achun SIGNATURE. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. MIE TITLE ☐ Change Addition ☐ Delete VAZQUEZ, JOSE LLANOS MAME NAME 450 SW 22ND AVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP FT LAUDERDALE, FL 33312 CITY-ST-ZIP ULLE ☐ Delete MLE ☐ Change Addition Olaizola Bora Juen Idoia Mirero HAME OLAIZOLA, BARAJUAN NAME 450 SW 22 LUR 450 SW 22ND AVE STREET ADDRESS STREET ADDRESS Ph Laudurdale of L. 33312 CITY-ST-ZIP FT LAUDERDALE, FL 33312 CITY-ST-ZIP -☐ Change ☐ Addition TITLE ☐ Detete MN F NAME MAG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete Change NAME ามาร์ และ คลิ่งสถา STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Delete MILE ☐ Addition ☐ Change MAME NAME STREET ANDRESS STREET ADDRESS CITY-ST-20P CATY-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.

FILED

Feb 25, 2004 8:00 am

SIGNATURF: Olouzola Bouajun Pus. 2/20/04