2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING ORFI

FIFT DOCUMENT # P01000104997 1. Entity Name CANTERA DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 113.S VALRICO RD 113.S VALRICO RD VALRICO, FL 33594 VALRICO, FL 33594 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08172004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 30-0067264 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 KEITH, W.C. 1722 STAYSAIL DRIVE Street Address (P.O. Box Number is Not Acceptable) VALRICO, FL 33594 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 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Anil Jaster TITLE ☐ Delete TITLE Change ☐ Addition NAME JAFFER; ANIL NAME 113 So. Valvico Rood 5615 LEGACY CRESCENT PLACE -SUITE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVERVIEW, FL 33569 Value FL33594 CITY-ST-ZIP TITLE ☐ Delete TITLE Vict President ☐ Change Addition A NAME NAME Mac Ovlay STREET ADDRESS STREET ADDRESS So. Valvito Koad CITY-ST-7IP CITY-ST-ZIP PL >3594 Secretary-Theaturer Tazine Jatter TITLE Delete TITLE ☐ Change Addition: NAME NAME STREET ADDRESS STREET ADDRESS 113 So. Valvice Road CITY-ST-ZIP CITY-ST-ZIP Valmin FL 33594 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS **500040644** 08/30/04--01068--007 CITY-ST-ZIP CITY-ST-7IP ******61 TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME 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 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 empower