2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address

SIGNATURE AND

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

SIGNATURE:

Sep 30, 2004 8:00 am Secretary of State **DOCUMENT # P01000109356** 1. Entity Name ALTER EGO HOLDINGS, INC. 09-30-2004 90012 048 ***550.00 Principal Place of Business Mailing Address COALLEN& GALESSÓ COALLEN& GALESS 601 BROKELLKEYDRIVE SLITE805 601 BROKELLKEYDRIVE SUITE 805 MAM, FL 33131 MAM_FL 33131 2. Principal Place of Business 3. Mailing Address ROBERT ALLEN LAW ROBERT ALLEN LAW Suite, Apt. #, etc. Suite, Apt. #, etc. 09232004 CR2E034 (10/03) Chq-P 1441 BRICKEL AVE. SUITE 1014 1441 BRICKEL Applied For City & State City & State 4. FEI Number MIAMI HIBHI 65-1154148 Not Applicable 3<u>3131</u> Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBERT_ALLEN_LAW ALLEN & GALEGO Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DRIVE, SUITE 805 MIAMI 33131 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 8. The above named entity submits the the obligations of registered agen Robert N. Allen SIGNATURE Signature, type ted name of registerer agent and title if applicable (NOTE: Registered Agent signature regulred when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSD **PSD** ☐ Addition X Delete TITLE LOPEZ, F.S. NAME LOPEZ, F.S. NAME 1441 BRICKELL AVE; SOITE 1014 STREET ADDRESS 601 BRICKELL KEY DR #805 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY - ST - ZIP MIAHI, FL 33131 ☑ Delete TITLE **D**∂ Change ☐ Addition ÁÚEN, ROBERT N JR 1941 BRICKELL AVE, SUITE ALLEN, ROBERT N JR NAME 1014 601 BRICKELL KEY DR #805 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP MIDMI, FL 33131 ☐ Addition Change ☐ Detete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fling 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 employered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if

Robert N. Alten Si.

FILED