2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115976

Entity Name: SET 2 GO, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9441 SW 124 PLACE 10675 S.W. 132 AVENUE MIAMI, FL 33186 MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

PO BOX 830423 MIAMI, FL 332830423

FEI Number: 80-0021950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PASCUAL, MARIA C
9441 SW 124 PLACE
MIAMI, FL 33186

PASCUAL, MARIA C
10675 S.W. 132 AVENUE
MIAMI, FL 33186

MIAMI, FL 33186

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 PASCUAL, MARIA C
 Name:
 PASCUAL, MARIA C

 Address:
 9441 SW 124 PLACE
 Address:
 10675 S.W. 132 AVENUE

Address: 9441 SW 124 PLACE Address: 10675 S.W. 132 AVENU
City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Title: VD () Delete Title: VD (X) Change () Addition Name: PARODI. MELE Name: PARODI. MELE

 Address:
 9441 SW 124 PLACE
 Address:
 10675 S.W. 132 AVENUE

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:
 MIAMI, FL 33186

Title: STD () Delete Title: STD (X) Change () Addition Name: DIAZ, BEATRIZ A Name: DIAZ, BEATRIZ A

 Name:
 DIAZ, BEATRIZ A
 Name:
 DIAZ, BEATRIZ A

 Address:
 9441 SW 124 PLACE
 Address:
 10675 S.W. 132 AVENUE

 City-St-Zip:
 MIAMI, FL 33186
 City-St-Zip:
 MIAMI, FL 33186

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: MARIA CLAUDIA PASCUAL PD 04/30/2004