2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2004
Secretary of State

DOCUMENT# P02000030763

Entity Name: CIE INVESTMENT GROUP, INC.

Current Principal Place of Business:

20801 BISCAYNE BLVD, STE 505
AVENTURA, FL 33180

New Principal Place of Business:

18901 NE 29TH AVENUE
100
AVENTURA, FL 33180

Current Mailing Address:

20801 BISCAYNE BLVD, STE 505
AVENTURA, FL 33180

New Mailing Address:

18901 NE 29TH AVENUE
100
AVENTURA, FL 33180

FEI Number: 30-0409101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DADE COUNTY CORPORATE AGENTS, INC.
20801 BISCAYNE BLVD, STE 505
AVENTURA, FL 33180

Name and Address of New Registered Agent:

DADE COUNTY CORPORATE AGENTS, INC.
18901 NE 29TH AVENUE
100
AVENTURA, FL 33180

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: 04/10/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SMITH, GARY
Address: 20801 BISCAYNE BLVD, STE 505
City-St-Zip: AVENTURA, FL 33180

Title: VS ( ) Delete
Name: CARPMAN, IRVING
Address: 20801 BISCAYNE BLVD, STE 505
City-St-Zip: AVENTURA, FL 33180

Title: T ( ) Delete
Name: LEVIN, MICHAEL
Address: 20801 BISCAYNE BLVD, STE 505
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LEVIN, MICHAEL
Address: 18901 NE 29TH AVENUE SUITE 100
City-St-Zip: AVENTURA, FL 33180

Title: VS (X) Change ( ) Addition
Name: CARPMAN, IRVING
Address: 18901 NE 29TH AVENUE SUITE 100
City-St-Zip: AVENTURA, FL 33180

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MICHAEL LEVIN P 04/10/2004
Electronic Signature of Signing Officer or Director — Date