2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE: _

ĦĽED DOCUMENT # P02000034579 -- \ 04 JH 13 AM 9:57 INTEGRATED PROPERTY SERVICES, INC. SECRETALL OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1500 SAN REMO AVE., SUITE 300 1500 SAN REMO AVE., SUITE 300 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06092004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 52-2376645 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 Name SCHREIBER, GERHARDT A ESQ. Street Address (P.O. Box Number is Not Acceptable) 2222 PONCE DE LEON BLVD., PENTHOUSE SUITE CORAL GABLES, FL 33134 ---- _ 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) 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. TITLE MGRM ☐ Delete TITLE Change Addition NAME STATTNER, STEVEN NAME STREET ADDRESS 1500 SAN REMO AVE, SUITE 300 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-7IP Delete TITLE TITLE Change Addition WOLFBERG, DAVID A NAME NAME STREET ADDRESS 1500 SAN REMO AVE, SUITE 300 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP Delete TITLE ☐ Change Addition ALVAREZ, JULIO E NAME NAME STREET ADDRESS 1500 SAN REMO AVE, SUITE 300 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP Delete ☐ Change Addition MORLOTE, MARCEL R NAME - ---NAME 200039081402 07/13/04--01087--004 **61.25 STREET ADDRESS 1500 SAN REMO AVE, SUITE 300 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Integrated Property Services

June 9, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 (850) 245-6056

SUBJECT: INTEGRATED PROPERTY SERVICES, INC. DOCUMENT-NUMBER: P02000034579

This is an amendment to the annual report.

If there are any questions regarding this change, please contact me.

Sincerely,

Allison M. Stattner

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