2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P02000036085 07-06-2004 90008 003 ***158.75 POSITIVE THINKING WORKSHOPS, INC. Mailing Address Principal Place of Business 10020 S.W. 138TH STREET 10020 S.W. 138TH STREET MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06302004 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FFI Number 33-1001011 Not Applicable 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 FLETCHER, PAUL G ESQ." Street Address (P.O. Box Number is Not Acceptable) 1500 SOUTH DIXIE HIGHWAY SUITE 200 CORAL GABLES, FL 33146 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, typitd or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete 1 TITLE mir Change Addition | NAME **BRASS, MICHELE** NAME CTREET AIRCRESS 10020 S.W. 138TH STREET CIBILET MONRECO CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33146 VP VP Change TITLE Delete TITLE ☐ Addition NAME BASS, KEN NAME BRASS, KEN STREET ADDRESS 10020 SW 138 ST. STREET ADDRESS 10020 SW MIAMI, FL 33176 CITY-ST-7P COLY-ST-7/P MLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TILLE THE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-7/2 ☐ Detete TILE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP 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.

FILED Jul 06, 2004 8:00 am