2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # P02000052801 1. Entity Name 04-12-2004 90292 040 ***158.75 DABAR INVESTMENTS INC. Principal Place of Business Mailing Address 13671 SW 26 ST MIAMI FL 33175 13671 SW 26 ST 44061001 **MIAMI FL 33175** 2. Principal Place of Business 3. Mailing Address 13661 SW 26 ST 13661 SW 26 ST. Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) MOORE MIAMI City & State City & State 4. FEI Number Applied For 74-3045208 MAMI MIAMI Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33175 33175 DADE DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PICARDO DABALSA DABALSA, RICARDO Street Address (P.O. Box Number is Not Acceptable) 13671 SW 26 ST **MIAMI FL 33175** 13661 SW 26 55 Zip Code MIAM 33175 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. 8-04 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DΡ Delete TITLE ☐ Change ☐ Addition NAME 🐝 BARQUIN, JOSE A NAME BARQUIN , JOSE 13669 SW 26 ST. STREET ADDRESS STREET ADDRESS 13661 SW 265T. CITY-ST-ZIP, MIAMI FL 33175 CITY-ST-ZIP MIAMI PL. 33175 DVS Delete TITLE ☐ Change ☐ Addition DABALSA, RICARDO NAME DABALSA, RICARDO STREET ADDRESS 13671 SW 26 ST STREET ADDRESS 13661 SW 26 ST. CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP MIAMI, PL. 33175 TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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

FILED

SIGNATURE: DIAMO DAGALSA VP 4-8-04 (305) 970-4177

changed, or on an attachment with an address, with all other like empowered.