2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P02000070939

Entity Name: RONCO DIVERSITY SOLUTIONS, INC.

Current Principal Place of Business:

3400 AGRICULTURAL CENTER DR
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

3400 AGRICULTURAL CENTER DR
ST AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 01-0722398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPEIGEL & UTRERA, P.A.
1840 SW 22 ST 4TH FL
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: AVERY, JOY
Address: 3400 AGRICULTURAL CENTER DR
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D (X) Delete
Name: AVERY, RONALD
Address: 3400 AGRICULTURAL CENTER DR
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D (X) Delete
Name: LACERDA, HORACIO
Address: 3400 AGRICULTURAL CENTER DR
City-St-Zip: ST AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LACERDA, HORACIO
Address: 2120 DENNIS STREET
City-St-Zip: JACKSONVILLE, FL 32085

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

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: HORACIO LACERDA P 04/30/2004

Electronic Signature of Signing Officer or Director — Date