2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

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

May 07, 2004 8:00 am Secretary of State **DOCUMENT # P02000083264** 05-07-2004 90121 035 ***163.75 1. Entity Name 2011 CORPORATION Principal Place of Business Mailing Address 24074000 14740 LAGUNA BEACH CIRCLE 201 SIMPSON RD KISSIMMEE FL 34744 ORLANDO FL 32824 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 41-2052738 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANCHEZ, LOURDES Street Address (P.O. Box Number is Not Acceptable) 17470 LAGUNA BEACH CIRCLE ORLANDO FL 32824 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) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Addition Change ☐ Delete TITLE TITLE SANCHEZ, LOURDES NAME NAME STREET ADDRESS STREET ADDRESS 14740 LAGUNA BEACH CIRCLE CITY-ST-ZIP ORLANDO FL 32824 CITY-ST-ZIP Director ☐ Change Addition · 🔲 Delete TITLE TITLE Hector-E. Gourdo 14740 Laguno Bosen Circle NAMÉ NAME STREET ADDRESS STREET ADDRESS Orlando CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE 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 eath; 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