2004 FOR PROFIT CORPORATION

of the corporation or the receiver or a changed, or on an attachment with an

SIGNATURE AND TYPED OR PRINTED NAM

SIGNATURE:

May 03, 2004 8:00 am **ANNUAL REPORT (AR)** DOCUMENT # P02000084552 **Secretary of State** 1. Entity Name 05-03-2004 91035 050 ***150.00 STONEBROOK DEVELOPERS, INC Principal Place of Business Mailing Address G/O HUGO E. DORTA -801-BRICKELL AVENUE, SUITE 905 C/O HUGO E. DORTA 801 BRICKELL AVENUE, SUITE 905 MIAMI FL 99131-MIAMI-FL-33131 2. Principal Place of Business 3. Mailing Address same as #2 1221 Brickell Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 2650 City & State City & State 4. FEI Number Applied For 54-2068684 Not Applicable Miami, Florida Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33131 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hugo E. Dorta DORTA, HUGO E P.A. Street Address (P.O. Box Number is Not Acceptable) 1221 Brickell Avenue 901 BRICKELL AVENUE SUITE 905 MIAMI FL 33131 Suite 2650 City ^{Zi}33131 Miami changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity a thmits this the obligations of registered age 4/27/04 (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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Director Change ☐ Addition Delete TITLE Hugo E. Dorta DORTA, HUGO E NAME 801 BRICKELL AVENUE, SUITE 905 STREET ADDRESS STREET ADDRESS 1221 Brickell Avenue, Suite 2650 MIAMI FL 33131 CITY-ST-7IP CITY-ST-7IP Miami, FL 33131 ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director le this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this

G OFFICER OF DIRECTOR

4/27/04

(305) 377-2100

Davrime Phone #

FILED