2004 FOR PROFIT CORPORATION

NAME STREET ADDRESS

CITY-ST-ZIP

Apr 13, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P02000086391** 04-13-2004 90033 031 ***150.00 SUCCESS REAL ESTATE & INVESTMENT, INC. Principal Place of Business Mailing Address 94051570 3676 COLLIN DRIVE 3676 COLLIN DRIVE SUITE #5 SUITE #5 WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 52-2390639 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DYSON, DIANNE L Street Address (P.O. Box Number is Not Acceptable) 6970 LAKESIDE RD. WEST PALM BEACH, FL 33411 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 *#NN#* SIGNATURE Signature, typed or printed name of registered ager (NOTE: Registered Agent signature **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 40. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete TITLE ☐ Change Addition DYSON, DIANNE L IAME NAMÉ STREET ADDRESS 3676 COLLIN DRIVE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33406 CITY-ST-ZIP VSD TITLE ☐ Delete ☐ Change ■ Addition TITLE PEREZ, PRISCILLA NAME NAME 3676 COLLIN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33406 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Chance 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-7tP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE

FILED

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: