

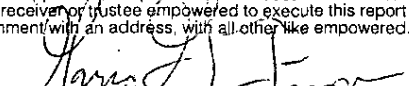


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 23, 2004 8:00 am
Secretary of State

09-23-2004 90002 028 ***158.75

| | | | |
|---|--|---|--|
| DOCUMENT # P02000087898 1. Entity Name TVL INVESTMENTS, INC. | |  | |
| Principal Place of Business 1555 WEST 44 PL 338 MIAMI, FL 33176 | | Mailing Address 1555 WEST 44 PL 338 MIAMI, FL 33176 | |
| 2. Principal Place of Business 2801 N.E. 183 ST | | 3. Mailing Address 2801 N.E. 183 ST | |
| Suite, Apt. #, etc. APT # 105 | | Suite, Apt. #, etc. APT # 105 | |
| City & State AVENTURA, FL | | City & State AVENTURA, FL | |
| Zip 33160 | | Zip 33160 | |
| Country | | Country | |
| 4. FEI Number 04-3718660 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired: <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KONDLA, RICHARD F 9555 SW 88 ST STE 201 MIAMI, FL 33176 | | 7. Name and Address of New Registered Agent Name VERONICA CALVO Street Address (P.O. Box Number is Not Acceptable) 2801 N.E. 183 ST APT # 105 City AVENTURA FL Zip Code 33160 | |
| 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:  DATE: 9/12/04 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD TINOCO, MARIA 1555 WEST 44 PLACE HIALEAH, FL 33012 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD TINOCO, MARIA 2801 NE 183 ST # 105 AVENTURA FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. | | | |
| SIGNATURE:  | | Date: 9/12/04 Daytime Phone #: 305 494-9832 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |