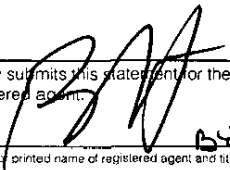
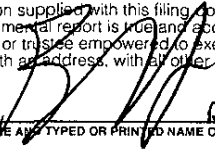


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90216 015 ***150.00

DOCUMENT # P02000088747 1. Entity Name MOZART PROPERTIES, INC.					
Principal Place of Business C/O ALLEN & GALEGO 601 BRICKELL KEY DR STE 805 MIAMI, FL 33131			Mailing Address C/O ALLEN & GALEGO 601 BRICKELL KEY DR STE 805 MIAMI, FL 33131		
2. Principal Place of Business C/O ROBERT ALLEN LAW Suite, Apt. #, etc. 1441 BRICKELL AVE. SUITE # 1014 City & State MIAMI, FL Zip 33131		3. Mailing Address C/O ROBERT ALLEN LAW Suite, Apt. #, etc. 1441 BRICKELL AVE. SUITE # 1014 City & State MIAMI, FL Zip 33131			
4. FEI Number 06-1650603		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALLEN & GALEGO 601 BRICKELL KEY DR STE 805 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name ROBERT ALLEN LAW Street Address (P.O. Box Number is Not Acceptable) 1441 BRICKELL AVE. SUITE # 1014 City MIAMI FL Zip Code 33131		
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  BY: ROBERT N. ALLEN, JR. PRESIDENT 4/29/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BEECK, ALBERTO 601 BRICKELL KEY DR. 805 MIAMI, FL 33131	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BEECK, ALBERTO 1441 BRICKELL AVE. SUITE # 1014 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOCHSCHILD, EDVARDO 601 BRICKELL KEY DR. #805 MIAMI, FL 33131	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOCHSCHILD, EDVARDO 1441 BRICKELL AVE. SUITE # 1014 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOCHSCHILD, MARIANA DE 601 BRICKELL KEY DR. #805 MIAMI, FL 33131	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOCHSCHILD, MARIANA DE 1441 BRICKELL AVE. SUITE 1014 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS ALLEN, ROBERT N JR. 601 BRICKELL KEY DR. #805 MIAMI, FL 33131	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS ALLEN, ROBERT N. JR 1441 BRICKELL AVE. SUITE 1014 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS 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 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 or without like empowered.					
SIGNATURE:  ROBERT N. ALLEN, JR. 4/29/04 305.372.3300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

94073761