2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P02000109468 04-29-2004 90360 004 ***150 00 1. Entity Name AAA HOME CONSULTING, INC. Principal Place of Business Mailing Address 7933 NW 2/1 STREET 9737 NW 41 STREET #393 MIAMI, FL 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162004 CR2E034 (10/03) City & State City & State 4 FEI Number Applied For 02-0661279 Not Applicable \$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 Blanco, Rio lando BLANCO, ROLANDO Street Address (P.O. Box Number is Not Acceptable) 7933 NW 21 STREET MIAMI, FL 33122 Street NW 41 **≠393** City Zip Code 33/78 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 4-21-04 SIGNATURE egistered 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 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PDT PTD TITLE ' ☐ Delete TITLE Change ☐ Addition Blanco, Rolondo BLANCO, ROLANDO NAME NAME 9737 NW 41 Street STREET ADDRESS 7933 NW 21 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP FL 33178 Donol, VSD V5D Change TITLÉ ☐ Delete TITLE ☐ Addition Migrel A. CARRASCO, MIGUEL A Camasco. NAME NAME 9737 NW 41 Street +393 STREET ADDRESS 7933 NW 21 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP Doro l 32178 ☐ Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-782 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI E TITLE ☐ Delete ☐ Change ☐ Addition 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 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.

4-21-04

305/500-9225

FILED