2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 16, 2004 8:00 am Secretary of State **DOCUMENT # P02000120241** 04-16-2004 90076 036 ***150.00 1. Entity Name URDÍTA INVESTMENT, CORP. Principal Place of Business Mailing Address C/O ROTH, ROUSSO & DARRACH, P.A. ·C/O-ROTH, ROUSSO-& DARRACH, P.A. 94052815 ·3440 HOLLYWOOD BLVD., STE. 360 3440 HOLLYWOOD BLVD., STE. 360-HOLLYWOOD, Ft 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 18851 N∈ 29 1885 3. Mailing Address 8851 NE Suite, Apt. #, etc. Suite, Apt. #, etc 01092004 CR2E034 (10/03) 900 900 City & State City & State 4. FEI Number Applied For 56-239 | 530 | Not Applicable AVENTURA ASUTUSUS Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CEDNARDO A. ROTH ROTH, LEONARDO A Street Address (P.O. Box Number is Not Acceptable) C/O ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD., STE: 360 HOLLYWOOD, FL-33021 18851 NE 2914 AU Zip Code 33(80 Aventura 8. The above named entity promits 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 regis A aashave SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. PITIS PTD TITLE Change Addition ☐ Delete TITLE GELUDA, LEONARDO GEWAA, LEONARDO 18851 NE 2914 AU, STE POO NAME NAME 3440 HOLLYWOOD BLVD.; 9TE. 380 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 CITY-ST-ZIP AVENTURA, FL 33/80 V, S, D, VSD ☐ Delete TITLE TITLE ☐ Change ■ Addition GEWAA, MARCELA VIVIAN W GELUDA, MARCELA VIVIAN W NAME NAME 3440 HOLLYWOOD BLVD., STE. 360 18851 NE 29th AV, STE 900 STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-ZIE TITLE Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITI F 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-7IP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITI F 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), Fiorida 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.

ME OF SIGNING OFFICER OR DIRECTOR

FILED