2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 03, 2004 08:00 AM Secretary of State **DOCUMENT # P02000126668** TDC FLAGLER TWO, INC. Principal Place of Business Mailing Address 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145 PENTHOUSE SUITE MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 71-0927687 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, ANGEL Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY PENTHOUSE SUITE **MIAMI FL 33145** Zip Code City 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004. Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition TITLE me Delete U00000074667 PEREZ, JORGE M NAME NAME 03/03/04-80029-013 158.75 STREET ADDRESS STREET ADDRESS 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145 CITY-ST-ZIP CITY -ST-ZIP ☐ Change Detete Addition TITLE MILE ROCKA, ROBERTO NAME STREET ADDRESS STREET ADDRESS 2828 LORAL WAY PH MIAMI FL 33145 CITY-ST-ZIP CITY-ST-ZIP 🗆 Delete Addition TITLE TITLE NAME ALLEN, MATT NAME STREET ADDRESS STREET ADDRESS 2824 CORAL WAY PH CITY-ST- 7IP CITY-ST-ZIP MIAMI FL 33145 Change Addition VS ☐ Delete TITLE TITLE HERNANDEZ, ANGEL NAME NAME 2824 CORAL WAY PH STREET ADDRESS STREET ADDRESS CITY - ST - ZIP MIAMI FL 33145 CITY - ST - ZIP ☐ Change Addition ☐ Delete TITLE TITLE SALK, BARBARA NAME NAME 2824 CORAL WAY PH STREET ADDRESS STREET ADDRESS MIAMI FL 33145 CiTY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE ALDI, ANDREW NAME NAME 2824 CORAL WAY PH STREET ADDRESS STREET ADDRESS MIAMI FL 33145 CITY-ST-ZIP 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. ANGEL HERNANDEZ

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED