2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 28, 2004 8:00 am Secretary of State 04-28-2004 90173 042 ***150.00 DOCUMENT # P02000130716 CV CORPORATE FINANCIAL, INC. Principal Place of Business Mailing Address 94069158 11960 NE 19 DR STE 1 11960 NE 19 DR STE 1 NORTH MIAMI, FL 33181 NORTH MIAMI, FL 33181 2 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302004 CR2E034 (10/03) Chg-P City. & State 4. FEI:Number Applied For City & State عر 45364 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VERGEL, CAROL R Street Address (P.O. Box Number is Not Acceptable) 11960 NE 19 DR STE 1 NORTH MIAMI, FL 33181 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition VERGEL, CAROL R NAME NAME STREET ADDRESS 11960 NE 19 DR STE 1 STREET ADDRESS NORTH MIAMI, FL 33181 CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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 emplowered CANOL R. VENGEL

PRESIDENT

OF SIGNING OFFICER OR DIRECTOR

FILED