2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P03000021476 04-30-2004 90401 001 ***150.00 ANKA REAL ESTATE CORP. Principal Place of Business Mailing Address 9651 SW 77 AVENUE #E-108 MIAMI FL 33156 9651 SW-77 AVENUE #E-108 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address 13727 500 152 Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 340 City & State Applied For City & State 4. FEI Number 1047624 Miumi Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIRMAS O: CAMPOS --CAMPOS, HERMES Q Street Address (P.O. Box Number is Not Acceptable) 9651 SW 77 AVENUE #E-108 **MIAMI FL 33156** City Maam 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 title if applicable, DATE (NOTE: Registered Agent signature required when reinstating) 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 10. ": OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE President ☐ Delete Change ☐ Addition Hermes D. LAMPOS NAME CAMPOS, HERMES Q NAME 214 /1 9651 SW 77 AVENUE #E-108 STREET ADDRESS 13035 STREET ADDRESS MIAMI FL 33156 CITY-ST-ZIP CITY-ST-ZIP ア アノフフ 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-2IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 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 SIGNATURE: TURE AND TYPED OR PRINTED NAME OF SIG