2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 26, 2004 8:00 am Secretary of State **DOCUMENT # P03000024801** 02-26-2004 90029 027 ***158.75 YOJO INVESTMENTS, INC. Principal Place of Business Mailing Address 13914 MAGNOLIA GLEN CIRCLE 13914 MAGNOLIA GLEN CIRCLE ORLANDO, FL 32828 ORLANDO, FL 32828 2. Principal Place of Business 3. Mailing Address 1875 ROCKLEDGE Dr. 5 N. COCOA BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. 02142004 CR2E034 (10/03) Cho-P City & State ROCKLED62 City & State 4. FEL Number 32-0064 196 Applied For Cocoa F1 Not Applicable zie32922 Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Smalley & Rompan MUDAVACHERY, XAVIER J Street Address (P.O. Box Number is Not Acceptable) 13914 MAGNOLIA GLEN CIRCLE ORLANDO, FL 32828 Hillcost Street 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 Wayne SMAURY 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SERBANO, YOLANDA 1875 ROCKLEDGE Dr. TITLE ☐ Delete TITLE (Change ☐ Addition SERRANO, YOLANDA NAME NAME 13914 MAGNOLIA GLEN CIRCLE STREET ADDRESS STREET ADDRESS ROCKLESGE, FL 32955 ORLANDO, FL 32828 City-St-ZIP CITY-ST-7IP TITLE Change Addition TITLE ☐ Delete MUDAVACHERY XAMER J. MUDAVACHERY, XAVIER J NAME NAME 1875 locklédge, Dr. 13914 MAGNOLIA GLEN CIRCLE STREET ADDRESS STREET ADDRESS ORLANDO, FL 32828 ROCKLEDGE FL. 32955 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Change ☐ Addition TITLE □ Defete 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 ☐ Delete TITLE MIE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

do Scow YOUANDON SEKRADOS SIGNATURE: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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