2004 FOR PROFIT CORPORATION

Apr 29, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P03000035044** 04-29-2004 90281 008 ***150.00 1. Entity Name RENZI HOLDINGS, INC. Principal Place of Business Mailing Address 14011543 C/O RIS 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD. 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD. MIAMI, FL 33131 MIAMI, FL 33131 3. Mailing Address 2.. Principal Place of Busines 3052 SW 2 Suite, Apt. #, etc. Suite, Apt. #, etc 01062004 CR2E034 (10/03) City & State City & State 4. FEI Number 03-0514215 Applied For Will Not Applicable 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 asquale CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) C/O RJS 1500 MIAMI CENTER, 201 S BISCAYNE BLVD MIAMI, FL 33131 1 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 , the obligations of registered agent. SIGNATURE Signature. squale Kenzi \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Defete TITLE Renzi, Renzo 3052 SW 27th Avenue#101 NAME RENZI, RENZO 1500 MIAMI CENTER, 201 S BISCAYNE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition Penzi, Pasquale 3052 Sw 27th Avenue #101 RENZI, PASQUALE NAME NAME STREET ADDRESS 1500 MIAMI CENTER, 201 S BISCAYNE BLVD STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP Defete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE 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, with all other like empowered.

SIGNATURE AND TYPED OR PRI TEN NAME OF SIGNING OFFICER OR DIRECTOR

FILED