2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038454

Entity Name: PORMISCO INVESTMENT GROUP, INC.

Apr 27, 2004 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

175 FOUNTAINEBLEAU BLVD #2M7 175 FONTAINEBLEAU BLVD. MIAMI, FL 33172

2A-1

MIAMI, FL 33172

Current Mailing Address: New Mailing Address:

175 FOUNTAINEBLEAU BLVD #2M7 P.O. BOX 526848

MIAMI, FL 33172 MIAMI, FL 33152 US

FEI Number: 51-0461952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TORRES, AMADA T TORRES, AMADA T 1621 SW 11 ST 14122 SW 80 ST. MIAMI, FL 33135 MIAMI, FL 33183 US

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.

SIGNATURE: 04/27/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

(X) Change () Addition Title: () Delete Title:

ORDON, JAIME C ORDONEZ, JAIME C Name: Name: 9175 FOUNTAINEBLEAU BLVD #2 Address: 9175 FOUNTAINEBLEAU BLVD #2 Address:

MIAMI, FL 33172 City-St-Zip: City-St-Zip: MIAMI, FL 33172

Title: Title: () Delete ALFONSO, AMY C Name: Name: 1621 SW 11 ST Address: Address: MIAMI, FL 33135 City-St-Zip: City-St-Zip:

() Delete Title: Title: () Change () Addition

TORRES, AMADA T Name: Name: 1621 SW 11 ST Address: Address: City-St-Zip: MIAMI, FL 33135 City-St-Zip:

Title: () Delete Title: () Change () Addition

ORDONEZ, MÁRIA L Name: Name: Address: 9175 FOUNTAINBLEAU BLVD #2 Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAIME C. ORDONEZ **PRES** 04/27/2004