005 FOR PROFIT CORPORATION **ANNUAL REPORT**

CUMENT # P03000052048



FILED Apr 11, 2005 8:00 am Secretary of State

04-11-2005 90190 024 ***150.00

FSI, INC. Principal Place of Business Mailing Address 741 SW 10TH ST 741 SW 10TH ST MIAMI, FL 33130 MIAMI, FL 33130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282005 CR2E034 (10/03) Applied For 4. FEI Number City & State City & State APPLIED FOR 51-0506128 Not Applicable Zip Country 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 LANDAU, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 741 SW 10TH ST. MIAMI, FL 33130 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete DITLE Change ☐ Addition NAME LANDAU, ROBERT S NAME 741 SW 10TH ST STREET ADDRESS STREET ADORESS MIAMI, FL 33130 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TIPLE ☐ Change Addition ZADUNAISKY, S NAME NAME STREET ADDRESS STREET ADDRESS 741 SW 10TH ST. MIAMI, FL. 33130 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE THIF NAME NAME STREET ADDRESS STREET ADORESS CITY-S7-ZIP CITY-ST-ZIP Delete TITL F Addition ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete [7] Change ITILE ☐ Addition TITLE 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:

ROBERT & LANDAU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #