2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# P03000056324

Entity Name: WOOD'S PROFESSIONAL, INC.

Current Principal Place of Business:

15970 W. STATE RD. 84, BOX 225
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

15970 W. STATE RD. 84, BOX 225
WESTON, FL 33326

New Mailing Address:

FEI Number: 55-0829980 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEOCA, ELBIO M
1227 FAIRLAKES TRACE, #716
WESTON, FL 33326

Name and Address of New Registered Agent:

DEOCA, ELBIO M
1224 CANARY ISLAND DRIVE
WESTON, FL 33327

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: _____ 04/13/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DEOCA, ELIBA M
Address: 1227 FAIRLAKES TRACE, #716
City-St-Zip: WESTON, FL 33326

Title: VD ( ) Delete
Name: DIAZ, MILTON
Address: 1227 FAIRLAKES TRACE, #716
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DEOCA, ELIBA M
Address: 1224 CANARY ISLAND DRIVE
City-St-Zip: WESTON, FL 33327

Title: VD (X) Change ( ) Addition
Name: DIAZ, MILTON
Address: 1133 FAIRLAKE TRACE # 2003
City-St-Zip: WESTON, FL 33326

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: ELBIO ROBERTO MONTES DE OCA PD 04/13/2004
Electronic Signature of Signing Officer or Director — Date