2004 FOR PROFIT CORPORATION

SIGNATURE:

FILED ANNUAL REPORT (AR) May 10, 2004 8:00 am **DOCUMENT # P03000066298** Secretary of State 1. Entity Name 05-10-2004 90450 003 ***158.75 FOREIGN ENTERPRISES, INC. Principal Place of Business Mailing Address 178 WOODLAND ROAD 178 WOODLAND ROAD PALM SPRINGS FL 33461 PALM SPRINGS FL 33461 2. Principal Place of Business 3. Mailing Address 132 WOOD LAND LL 132 WOODHAND CR2E034 (11/03) Applied For 4. FEI Number 20-0541659 Not Applicable \$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 GONNELLA, ARALDO Street Address (P.O. Box Number is Not Acceptable) 178 WOODLAND ROAD WOOD LAND PALM SPRINGS FL 33461 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE'IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ES IDENT TITLE ☐ Delete Change TITLE ☐ Addition BARGFREDE, PATRICIA ATRICIA NAME NAME ARGFREDE, I 178 WOODLAND ROAD STREET ADDRESS ZWOODLAND RL STREET ADDRESS CITY-ST-ZIP PALM SPRINGS FL 33461 33461 CITY-ST-7IP TITLE VP,S ☐ Delete TITLE Change Addition IONNELLA ARALDA NAME GONNELLA, ARALDO NAME 178 WOODLAND ROAD STREET ADDRESS 32 WOODLAND Rd STREET ADDRESS CITY-ST-ZIP PALM SPRINGS FL 33461 CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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.

NAME OF SIGNING OFFICER OR DIRECTOR