2004 FOR PROFIT CORPORATION

FILED Apr 15, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P03000068865 1. Entity Name 04-15-2004 90044 015 ***150.00 SUN COAST POWER INVESTMENT, INC. Principal Place of Business Mailing Address 7301 POINCIANA CT 7301 POINCIANA CT 24043636 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 74-30960 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 NIEVES, JUAN L Street Address (P.O. Box Number is Not Acceptable) 7301 PÓINCIANA CT MIAMI LAKES FL 33014 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 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 DP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NIEVES, JUAN L NAME NAME STREET ADDRESS 7301 POINCIANA CT STREET ADDRESS CITY-ST-7IP MIAMI LAKES FL 33014 CITY-ST-ZIP D۷ TITLE ☐ Delete ☐ Change ☐ Addition NAME NIEVES, MARISEL C NAME 7301 POINCIANA CT STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33014 CITY-ST-7IP CTTY_ST_7IP TITLE DS ☐ Delete TITLE Change ☐ Addition MAME PABLOS, MARIA ~ NAME STREET ADDRESS 7320 POINCIANA CT STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP DT TITLE ☐ Delete TITLE Addition ☐ Change PABLOS, PEDRO J NAME NAME 7320 POINCIANA CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/04/ 305-873-6789 Date Daytime Phone #

Change

■ Addition