2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 4

Apr 23, 2005 08:00 AM Secretary of State **DOCUMENT # P03000069904** 1. Entity Name VAZQUEZ AC, INC.___ Mailing Address Principal Place of Business 7362 SW 162 PLACE 8251 SW 152 AVE, #108 MIAMI, FL 33193 MIAMI, FL 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt #, etc. 04192005 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 65-1206957 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAZQUEZ, JORGE A Street Address (P.O. Box Number is Not Acceptable) 7362 SW 162 PLACE MIAMI, FL 33193 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 DATE (NOTE Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOWI!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition P TITLE TITLE ☐ Delete U00000325321 NAME NAME VAZQUEZ, JORGE A 04/23/05-80010-024 150.00 7362 SW 162 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33193 ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY - ST - ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP ☐ Change ☐ Addition Defete TITLETITLE 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 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.

JORGE A. UAJQUEZ.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Davime Phone #