2004 FOR PROFIT CORPORATION

May 07, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P03000073924** 05-07-2004 90120 044 ***150.00 1. Entity Name . * LOVERA INC. -FLORIDA Principal Place of Business Mailing Address 17 7 801 CYPRESS BLVD 801 CYPRESS BLVD 105 105 POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 2. Principal Place of Business 3. Mailing Address SAME SAME Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 CR2E034 (10/03) Chg-P City & State City & State Applied For 4. FEI Number MPPLIED Not Applicable Zip Country Zin 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 LOVERA, GUSTAVO Street Address (P.O. Box Number is Not Acceptable) 801 CYPRESS BLVD POMPÁNO BEACH, FL 33069 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be S FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS .10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE GUSTAVO LOVERA NAME NAME 801 CYPRETT BLYD 105 STREET ADDRESS STREET ADDRESS CITY-ST-79P POMPAND BOACH FL CITY-ST-ZIP 33069 ☐ Delete ☐ Addition TITLE TITI F ☐ Change 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-ZIE TITLE ☐ Delete ☐ 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-7/P CITY-ST-7IP -TITLE Delete TITLE ☐ 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.

SIGNATURE:

FILED