2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

D NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 05, 2004 08:00 AM Secretary of State DOCUMENT # P03000074647 1. Entity Name **BPG 1988 INVESTMENTS INC** Principal Place of Business Mailing Address 1201 S FEDERAL HWY 1201 S FEDERAL HWY HOLLYWOOD, FL 33020 US HOLLYWOOD, FL 33020 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 02022004 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number City & State Not Applicable Country Z_{iD} \$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 Name PICHER, GUY Street Address (P.O. Box Number is Not Acceptable) 1201 S FEDERAL HWY HOLLYWOOD, FL 33020 Zip Code City 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. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change BITLE Delete TETLE Addition U00000034602 PICHER, GUY NAME NAME 02/05/04-80091-011 150.00 STREET ADDRESS STREET ADDRESS 1201 S FEDERAL HWY CHY-ST-782 HOLLYWOOD, FL 33020 CITY-ST-ZIP ☐ Delete Change Addition THLE MAME PICHER, PIERRE NAME 1201 S FEDERAL HWY STREET ADDRESS STREET ADDRESS CRY-ST-ZW CITY-ST-ZIP HOLLYWOOD, FL 33020 □ Change IIILE Delete TITLE ☐ Addition NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Defete TITLE Additson TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Detete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. Thereby 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

FILED

Daytime Phone #