2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079850

Entity Name: TRIVEST HERBAL BLOCKER, INC.

FILED Apr 08, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2665 S BAYSHORE DR STE 800 MIAMI, FL 33133 **Current Mailing Address: New Mailing Address:** 2665 S BAYSHORE DR STE 800 MIAMI, FL 33133 FEI Number: 33-1064855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KUFFNER, MARYLYN D GERSHMAN, DAVID 2665 S BAYSHORE DR STE 800 2665 S BAYSHORE DR STE 800 MIAMI, FL 33133 MIAMI, FL 33133 US 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. SIGNATURE: DAVID GERSHMAN 04/08/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change (X) Addition POWELL, EARL W Name: Name: 2665 SO BAYSHORE DR STE 800 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33133 Title: () Change (X) Addition Title: () Delete COO TEMPLETON, TROY D Name: Name: 2665 SO BAYSHORE DR STE 800 Address Address: City-St-Zip: City-St-Zip: MIAMI, FL 33133 Title: Title: () Delete CFO () Change (X) Addition KATSIKAS, DANIEL J Name: Name: 2665 SO BAYSHORE DR STE 800 Address Address: City-St-Zip: City-St-Zip: MIAMI, FL 33133 Title: () Delete Title: VGC () Change (X) Addition GERSHMAN, DAVID Name: Name: Address: Address: 2665 SO BAYSHORE DR STE 800 City-St-Zip: City-St-Zip: MIAMI, FL 33133 Title: Title: () Change (X) Addition () Delete VANDENBERG, PETER Name: Name: Address: 2665 SO BAYSHORE DR STE 800 Address: City-St-Zip: City-St-Zip: MIAMI, FL 33133 Title: () Delete Title: () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

MCDOWELL, DEREK A

MIAMI, FL 33133

2665 SO BAYSHORE DR STE 800

SIGNATURE: MARILYN D. KUFFNER S 04/08/2004

Name:

Address:

City-St-Zip:

MARIA CALLEJAS CONTROLLER/AS 2665 SO BAYSHORE DR STE 800 MIAMI FL 33133

MARILYN D. KUFFNER S 2665 SO BAYSHORE DR STE 800 MIAMI FL 33133

LINDA BAKER V/AS 2665 SO BAYSHORE DR STE 800 MIAMI FL 33133