07/16/2004 14:02 4079311334 CORDERO CPA

FILED
Jul 30, 2004 8:00 am
Secretary of State
07-30-2004 90006 024 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000088164

1. Entity Name
TV MALL GROUP CORP.

44050827

Principal Place of Business	Mailing Address
~~785 SW 8 TERR.~~ ~~FLORIDA CITY, FL 33034~~	~~785 SW 8 TERR.~~ ~~FLORIDA CITY, FL 33034~~

07162004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1427 SORASOTA DR.		1427 SORASOTA DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Kissimmee		City & State: Kissimmee	
Zip: 34759	Country: OSCEOLA	Zip: 34759	Country: OSCEOLA

4. FEI Number: 65-1212708 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORTES, ENZOR E R
~~785 SW 8 TERR.~~
~~FLORIDA CITY, FL 33034~~

7. Name and Address of New Registered Agent

Name: ENZOR ROSA CORTES
Street Address (P.O. Box Number is Not Acceptable): 1427 SORASOTA DRIVE
City: KISSIMMEE FL Zip Code: 34759

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: X [signature] 7/16/04
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
Due by September 6, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Paid ck #1791 $150.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROSA, ENZOR E 785 SW 8 TERR. FLORIDA CITY, FL 33034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: X [signature] 7/16/04 787-774-6255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #