2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 05, 2004 8:00 am Secretary of State DOCUMENT # P03000090197 1. Entity Name 04-05-2004 90044 030 ***158.75 TRG - ONE OCEAN PLAZA, INC. 'Principal Place of Business' - - -Mailing Address 2828 CORAL WAY PENTHOUSE SUITE 2828 CORAL WAY 44024021 PENTHOUSE SUITE MIAMI FL 33145 **MIAMI FL 33145** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Ζiρ Country 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 HERNANDEZ, ANGEL A Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY PENTHOUSE SUITE **MIAMI FL 33145** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. mre ☐ Delete TITLE ☐ Addition PEREZ, JORGE M REZ, JURGE M NAME NAME 828 CORALWAY. STREET ADDRESS 2828 CORAL WAY - PENTHOUSE SUITE STREET ADDRESS 1AMI FL 33145 CITY-ST-ZIP MIAMI FL 33145 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME HERNANDEZ, ANGEL STREET ADDRESS STREET ADDRESS 2828 CORALU CITY-ST-7IP CITY - ST - 7/P TITLE . Delete TITLE Change Addition NAME .. NAME ALLEN -MATT STREET ADDRESS STREET ADDRESS 2828 CORAL WAY CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Delete TITLE TITLE Change Addition igueroa, sonia NAME NAME 2-8 CORALWAY STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

ANGEL HERNANDEZ

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED