2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P03000094651 03-15-2004 90058 037 ***150.00 PAREGAM INVESTMENTS, CORP. Principal Place of Business Mailing Address 24021314 C/O ROTH ROUSSO & DARRACH, P.A. C/O ROTH ROUSSO & DARRACH, P.A. 18851 NE 29TH AVE STE 900 18851 NE 29TH AVE STE 900 AVENTURA, FL 33180 AVENTURA, FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 CR2E034 (10/03) Chg-P City & State City & State Applied For APPLIED Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROTH, LEONARDO A Street Address (P.O. Box Number is Not Acceptable) C/O ROTH ROUSSO & DARRACH, P.A. 18851 NE 29TH AVE STE 900 AVENTURA, FL 33180 tip 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 8. The above named a the obligations of r SIGNATURE Signature, typed or printed name of registered agent and title if applicab \$5.00 May Be 9. Election Campaign Financing 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 OFFICERS AND DIRECTORS 10. 11. DIPIVIT. **DPVS** ☐ Change ☐ Addition TITLE TITLE Delete BURZTYN, CLAUMO BURZTYN, CLAUDIO NAME NAME IPPSINE 29th AVE, STE 900 STREET ADDRESS 18851 NE 29TH AVE STE 900 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVENTURA, FL 33180 Addition ☐ Delete TITLE Change TITLE LEDNARDO A. ROTH BURZTYN, CLAUDIO NAME NAME 18851 NE 39th AU, STE 18851 NE 29TH AVE STE 900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33180 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 of 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.

FILED Mar 15, 2004 8:00 am