* 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 18, 2005 8:00 am **Secretary of State DOCUMENT # P03000104183** 1. Entity Name 01-18-2005 90029 027 ***158.75 CASÁ MAJOR CORP. Principal Place of Business Mailing Address 1536 ALGARDI AVENUE 1536 ALGARDI AVENUE -MIAMI, FL 33146 MIAMI, FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For CORAL GASGS Coral Gables 16-1687193 Not Applicable Country 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 Name DIAZ-PADRON, CARLOS Street Address (P.O. Box Number is Not Acceptable) 3911 S.W. 67TH AVENUE MIAMI, FL 33155 City Zip Code 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, board or printed name of purisheard agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Detete Change ■ Addition NAME NUNEZ CESAR MANS STREET ADDRESS 1536 ALGARDI AVENUE STREET ADDRESS CORAL GABLES CITY-ST-7IP MIAMI, FL 33155 CITY-ST-7IP MLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOF Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-\$1-20P CITY-ST-7P MLE ☐ Delete me ■ Addition ☐ Change MALIF MANE STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP TITLE ☐ Delete me Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P me ☐ Defete MIF ☐ Addition ☐ Change 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 logal 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.

CESAR NUNEZ

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED