2004 FOR PROFIT CORPORATION

SIGNATURE:

FILED ANNUAL REPORT (AR) Apr 23, 2004 8:00 am Secretary of State **DOCUMENT # P03000112729** 1. Entity Name 04-23-2004 90194 033 ***150 00 JOSEPH P MIRANDI INC Principal Place of Business Mailing Address 1935 EAST EDGEWOOD DRIVE 1935 EAST EDGEWOOD DRIVE BUILDING BUILDING LAKELAND FL 33811 LAKELAND FL 33811 2. Principal Place of Business 3. Mailing Address 1935 East Edgewood Drive 1935 East Edgewood Suite, Apt. #, etc. Building I Suite, Apt. #, etc. MOORE CR2E034 (11/03) Building 4. FEI Number Applied For City & State City & State 20-055187 ateland Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33803 3803 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIRANDI, JOSEPH P .O. Box Number is Not Acceptable) 1935 EAST EDGEWOOD DRIVE BUILDING I LAKELAND FL 33811 Zip Code *3380*3 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 legistered agent. Joseph P. Mirandi FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Aresident MIRANDI, JOSEPH P Joseph P. Mirandi NAME NAME 1935 East Edgewood Drive, Building I STREET ADDRESS 1935 EAST EDGEWOOD DRIVE STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33811 CITY-ST-ZIP Lakeland FK 33803 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST. 7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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.

Joseph P. Mirandi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR