2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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May 10, 2004 8:00 am Secretary of State **DOCUMENT # P03000131085** 05-10-2004 90460 034 ***550 00 AMERICAN REALTY GROUP OF ORLANDO INC. Principal Place of Business Mailing Address 5728 MAJOR BLVD. 5728 MAJOR BLVD. 266-267 266-267 ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business 3. Mailing Address 5728 HAJOL BUD 05062004 CR2E034 (10/03) Chg-P Applied For 4. FEI Number 56-24/3180 T(Not Applicable Countr \$8.75 Additional 5. Certificate of Status Desired ORDNEE OCDN6E Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VERDUGA, ALEXIES Street Address (P.O. Box Number is Not Acceptable) 5728 MAJOR BLVD. 266-267 ORLANDO, FL 32819 Zip Code FL 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. | am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS DPST TITLE ☐ Delete TITLE Change ☐ Addition VERDUGA ALEKIS 1344 GEAND PESERUE DZ. DAVENDOM FL. 33837 VERDUGA, ALEXIES NAME NAME STREET ADDRESS STREET ADDRESS 8818 DUNES CT. APT. 105 CITY-ST-ZIP CHY-SI-ZIP KISSIMMEE, FL 34747 TITLE ☐ Change ☐ Addition TITLE Delete NAME GOMEZ, WALTER G NAME STREET ADDRESS 3028 PARK WAY BLVD. APT. 108 STREET ADDRESS CITY-ST-7P KISSIMMEE, FL 34747 CITY-ST-7IP FIFLE TITLE 🛛 Celete -PARIENTE, EDMUNDO NAME STREET ADDRESS 12539 CRAYFORD AVE. STREET ADDRESS ORLANDO, FL 32837 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE П Спалде ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusted 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED