2005 FOR PROFIT ÉORPORATION ANNUAL REPORT

Secretary of State 01-24-2005 90041 041 ***150.00 **DOCUMENT # P03000132129** 1. Entity Name ORMAR INVESTMENT, INC Principal Place of Business Mailing Address 40004860 7495 S WATERWAY DRIVE 7495 S WATERWAY DRIVE MIAMI, FL 33155 MIAMI, FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122005 CR2E034 (10/03) Chg-P City & State City & State Applied For 4. FEI Number APPLIED FOR Not Applicable Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ, ORTELIO Street Address (P.O. Box Number is Not Acceptable) 7495 S WATERWAY DRIVE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D TITLE Delete Change ☐ Addition DIAZ, ORTELIO NAME NAME STREET ADDRESS 7495 S WATERWAY DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition DIAZ, MARIA A NAME NAME STREET ADDRESS 7495 S WATERWAY DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY - ST - ZIP ☐ Delete TITLE TITLE Change Change Addition 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 CITY-ST-ZIP Delete ☐ Change ☐ Addition time 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 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.

SIGNATURE:

CITY-ST-7IP

FILED Jan 24, 2005 8:00 am