2004 FOR PROFIT CORPORATION

ANNUAL REPORT 04-22-2004 90060 016 ***150 00 DOCUMENT # P03000134206 1. Entity Name CASÁBLANCA BAR CORP. Principal Place of Business Mailing Address 10824 NW 46TH DRIVE 10824 NW 46TH DRIVE 24051085 CORAL SPRINGS, FL 33076 CORAL SPRINGS, FL 33076 2. Principal Place of Business 3. Mailing Address 7840 West Sample Road Suite, Apt, #, etc. 01212004 Chg-P CR2E034 (10/03) 4. FEI Number 20~ 0370 City & State Applied For City & State Margate Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA ee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESCOBAR, JUAN C Street Address (P.O. Box Number is Not Acceptable) 10824 NW 46TH DRIVE CORAL SPRINGS, FL 33076 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. 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) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. Delete TITLE ☐ Addition TITLE ☐ Change ESCOBAR, JUAN C NAME NAME 10824 NW 46TH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33076 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition ESCOBAR, HENRY C NAME NAME Escobar, Henry 10824 NW 46TH DRIVE STREET ADDRESS STREET ADDRESS 8113 NW 94 AUE. CORAL SPRINGS, FL 33076 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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.

Escobar

lugn

D NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Apr 22, 2004 8:00 am Secretary of State