2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2004 8:00 am Secretary of State **DOCUMENT # P03000134234** 1. Entity Name 04-30-2004 90293 022 ***150.00 RUT 1214 CORP. Principal Place of Business Mailing Address 1247 ALTON RD. 1247 ALTON RD. MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. -Suite, Apt. #, etc.---04232004 Chg-P -- CR2E034 (10/03) --City & State City & State 4. FEI Number Applied For 20-0440978 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Diego LUQUEZ DIAZ. OSVALDO J Street Address (P.O. Box Number is Not Acceptable) 7951 SW 40TH ST. SUITE 206 SOO BEYLIEW DR # 1530 MIAMI, FL 33155 Zip Code Sunny Isles 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. DICCO LUGIC? 04/26/2004 SIGNATURE. ed or printed name of recisterest apent and title if englicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Addition TITLE ☐ Change SZYFER, RUT NAME NAME STREET ADDRESS 1247 ALTON RD. STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE ☐ Delete nn s Change ☐ Addition SZYFER, RUT NAME MAME 1247 ALTON RD. STREET ADDRESS STREET ADDRESS CITY-ST-719 MIAMI BEACH, FL 33139 CITY-ST-ZIP ☐ Delete TEEL ☐ Channe ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ■ Addition Dejete Dejete 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under ceth; that I am an officer or director of the corporation or the receipter or distance 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 attactment with an address, with all other like empowered.

SIGNATURE:

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305.999 4912