2004 FOR PROFIT CORPORATION

SIGNATURE AND TYPED OR PRIN

Apr 28, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P03000149500 04-28-2004 90165 009 ***150.00 CONCEPTUAL SOLUTIONS GROUP INCORPORATED Principal Place of Business Mailing Address 34000136 260 CRANDON BOULEVARD 260 CRANDON BOULEVARD UNIT E-35 UNIT E-35 KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04202004 Chg-P CR2E034 (10/03) City & State City & State Applied For 20-0498888 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LOPEZ-GARCIA, JORGE L Street Address (P.O. Box Number is Not Acceptable) 1570 MADRUGA AVENUE **SUITE 211** CORAL GABLES, FL 33146 City Zin 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 5 TITLE ☐ Delete TITLE ☐ Addition RODRIGUEZ, JORGE LUIS NAME NAME STRÉET ADDRESS 260 CRANDON BOULEVARD, UNIT E-35 STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149 CITY-ST-ZIP Addition TITLE Delete TITLE 1 DEXTER PEREZ NAME NAME STREET ADDRESS STREET ADDRESS

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260 CRANDON BLVD E-35 KEY BISCATHE, FL 33149 CITY-ST-ZIP CITY_ST_7/P ☐ Delete ☐ Addition TITLE 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 CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete Change ☐ Addition TIT1E TITLE 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 of trusted empowered to execute his 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 languages, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

Luis