2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2004 8:00 am Secretary of State **DOCUMENT # P03000150481** 05-03-2004 91064 028 ***150.00 1. Entity Name TUNA SOURCE, CORP. Principal Place of Business Mailing Address 94082773 13392 S.W. 66TH TERRACE 13392 S.W. 66TH TERRACE MIAMI, FL 33183 MIAMI, FL 33183 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 04282004 CR2E034 (10/03) City & State City & State Applied For Not Applicable Zɨɒ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name SALGUERO, DAIRO 13392 S.W. 66TH TERRACE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33183 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) DATE 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE □ Delete TITLE ☐ Change Addition SALGUERO, DAIRO NAME STREET ADDRESS 13392 S.W. 66TH TERRACE STREET ADDRESS CITY-ST-712 MIAMI, FL 33183 CITY-ST-ZIP VSD TITLE ☐ Delete TITLE ☐ Change ☐ Addition ESTRADA, MARTIN NAME NAME STREET ADDRESS 13392 S.W. 66TH TERRACE STREET ADDRESS CITY-ST-7IP MIAMI, FL 33183 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED