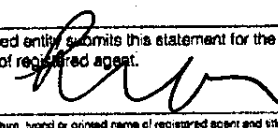
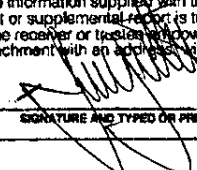


FILED

Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90308 020 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000152241 1. Entity Name GROPEL INVESTMENTS, CORP.					
Principal Place of Business 18851 NE 29TH AVE, STE 900 C/O ROTH ROUSSO & DARRACH, P.A. AVENTURA, FL 33180			Mailing Address 18851 NE 29TH AVE, STE 900 C/O ROTH ROUSSO & DARRACH, P.A. AVENTURA, FL 33180		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 03022004 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ROTH, LEONARDO A ESQ 18851 NE 29TH AVE, STE 900 C/O ROTH ROUSSO & DARRACH, P.A. AVENTURA, FL 33180				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  LEONARDO A. ROTH, ESQ 4/6/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete GROTTASANTA, LUCAS U 18851 NE 29TH AVE, STE 900 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Change ☒ Addition LEONARDO ROTH 18851 NE 29TH AVE, STE 900 AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ☐ Delete GROTTASANTA, LUCAS U 18851 NE 29TH AVE, STE 900 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:  LUCAS GROTTASANTA, D 4/6/04 786 278 0000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

94049651



TOTAL P.02