2005 FOR PROFIT CORPORÂTION ANNUAL REPORT

May 09, 2005 8:00 am Secretary of State 04-13-2005 90051 020 ***150.00 **DOCUMENT # P04000038933** 1. Entity Namo **ERACES HOLDINGS, INC.** Principal Place of Business Mailing Address 66016276 5508 JACKSON ST 5508 JACKSON ST HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. N, etc. Suite, Apl. #, etc. 04092005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0797181 Not Applicable Zip Country ZIp 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-ERICK CESAR, ERICK A Street Address (P.O. Box Number is Not Acceptable) 20761 NE 4TH PLACE 205 MIAMI, FL 33179 JACKSON Zip Code 33021 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. \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \Box Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Ocicte TITI F CESAR, ERICK A NAME 5508 JACKSON ST STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-ZIP TITLE Ocieta tine ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-57-20P CITY-ST-ZIP TITLE Ocieta TITLE ■ Addition KAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . D Oetete TITLE. Chanca ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE D Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Delete TITLE Ctance ☐ Addition 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 supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee ampowered 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:

FILED