2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 25, 2005 8:00 am Secretary of State **DOCUMENT # P04000041280** 04-06-2005 90117 045 ***150.00 RICARDO R. CONDE INC Principal Place of Business Mailing Address P O BOX 112 DOVER FL 33527 P O BOX 112 DOVER FL 33527 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For FEI Number Not Applicable Zip Country 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 CONDE, RICARDO R Street Address (P.O. Box Number is Not Acceptable) 14206 MELOUGA PRESSERVE TRAIL DOVER FL 33527 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 Specific Signature, typed or printed name of registered agent and life it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SECRETARY CONDE, OLGA L. TITLE ☐ Delete DILE ☐ Change **Addition** CONDE, RICARDO R NAME NAME P O BOX 112 POBOX 112 STREET ADDRESS STREET ADDRESS DOVER FL 33527 CITY-ST-ZIP CITY-ST-ZP DOVER FL 3352" TITLE Delete HILE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-71P TITLE Delete HILL Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-ST-ZIP Delete HILLE THE Change Addition | NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JI 12 F Delete TITE F Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CiTY-ST-ZIP HILE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify to 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 scruzate 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 of trusted empowered execute this poort 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:

TED NAME OF SIGNAND OFFICER OR DIRECTOR

Chair

FILED