2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P04000047604

Entity Name: VICCOR INC.

Current Principal Place of Business:

501 BRICKELL KEY DR STE 400
MIAMI, FL 33131

New Principal Place of Business:

801 BRICKELL AVE, SUITE 1580
MIAMI, FL 33131

Current Mailing Address:

501 BRICKELL KEY DR STE 400
MIAMI, FL 33131

New Mailing Address:

801 BRICKELL AVE, SUITE 1580
MIAMI, FL 33131

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NS CORPORATE SERVICES INC.
501 BRICKELL KEY DR STE 400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

NS CORPORATE SERVICES INC.
801 BRICKELL AVE, SUITE 1580
MIAMI, FL 33131 US

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.

SIGNATURE: 04/29/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DA SILVA, VICTOR C
Address: 501 BRICKELL KEY DR STE 400
City-St-Zip: MIAMI, FL 33131

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DA SILVA, VICTOR C
Address: 801 BRICKELL AVE, SUITE 1580
City-St-Zip: MIAMI, FL 33131

Title: VP ( ) Change (X) Addition
Name: SILVA, MONICA
Address: 801 BRICKELL AVE, SUITE 1580
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA SILVA VP 04/29/2005
Electronic Signature of Signing Officer or Director — Date