
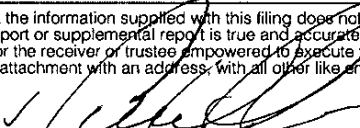


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90323 004 ***150.00

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # P04000095749 1. Entity Name PRICELINE INVESTMENTS INC. | | | |  | |
| Principal Place of Business 19249 S.W. 24 ST. MIRAMAR, FL 33029 | | | Mailing Address 19249 S.W. 24 ST. MIRAMAR, FL 33029 | | |
| 2. Principal Place of Business 19326 NW 24th Place Suite, Apt. #, etc. | | | 3. Mailing Address 19326 NW 24th Place Suite, Apt. #, etc. | | |
| City & State Pembroke Pines, FL | | City & State Pembroke Pines, FL | | 4. FEI Number 90-0186864 | |
| Zip 33029 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent OLIVA, ARIEL 19249 S.W. 24 ST. MIRAMAR, FL 33029 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 19326 NW 24th Place City Pembroke Pines, FL Zip Code 33029 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | VD OLIVA, ARIEL 19249 S.W. 24 ST. MIRAMAR, FL 33029 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 19326 NW 24th Place Pembroke Pines, FL 33029 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CESPEDES, JOAQUIN A JR 19249 S.W. 24 ST. MIRAMAR, FL 33029 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 6039 Collins Ave., #1215 Miami Beach, FL 33140 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  | | | Ariel M. Oliva, VP 4-13-05/ 7862297844 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |

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03192005 Chg-P CR2E034 (10/03)