2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000104100 06-08-2005 90003 047 ***158.75 1. Entity Name **RUN & ESCAPE ENTERPRISES INC** Principal Place of Business Mailing Address 8261 NW 8TH ST 8261 NW 8TH ST 50053504 531 531 MIAMI, FL 33126 MIAMI, FL 33126 3. Mailing Address 6067 Hallywood Blud 2. Principal Place of Business 6067 Hollywood Suite, Apt. #, etc! Suite, Apt. #, etc 06022005 Chq-P CR2E034 (10/03) JUITE SUHE 4. FEI Number City & State Applied For Vwood IWOOD 0132662078 Not Applicable Country 1320WARC \$8.75 Additional 5. Certificate of Status Desired BROWARD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EUlUAGA MONTOYA, LINA M MS. 8261 NW 8TH ST 531 MIAMI, FL 33126 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 ager SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEÉ IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ■ Delete TITLE **X** Change LUCERO ZUIVAGA. 6067 Hollywood Blvd Swife 330 NAME MONTOYA, LINA M MS. NAME 8261 NW 8TH ST #531 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP VΡ TITLE Delete Change ☐ Addition TITLE RINCON, ELKIN M SR. NAME NAME LUZ MONTOYA STREET ADDRESS 8261 NW 8TH ST #531 STREET ADDRESS 6067 Hollywood Blud Suite 330. CITY-ST-ZiP MIAMI, FL 33126 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Ch ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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. 06-02-05 SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jun 08, 2005 8:00 am

Daytime Phone #