2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 02, 2005 8:00 am **DOCUMENT # P04000110928** Secretary of State 1. Entity Name 03-02-2005 90070 048 ***150.00 1ST CHOICE FINANCIAL GROUP, INC Principal Place of Business Mailing Address 8405 N.W. 53RD ST 8405 N.W. 53RD ST SUITE A215 SUITE A215 MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02222005 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number 0969710 Applied For Not Applicable Zip Country Country Zip \$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 MORALES, VANERSI Street Address (P.O. Box Number is Not Acceptable) 16751 N.E. 9TH AVE APT. 202 N MIAMI BEACH, FL 33162 NO 9 AVE #202 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 .. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VD TITLE ☐ Delete TITLE Change ■ Addition MORALES, YANERSI NAME NAME STREET ADDRESS 16751 N.E. 9TH AVE. APT. 202 STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH, FL 33162 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME RODRIGUEZ, ANDRES NAME STREET ADDRESS 2550 S.W. 27 AVE. APT. 306 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP Secrotary TITLE ☐ Delete TITLE ☐ Change ** Addition Valenziano NAME NAME STREET ADDRESS STREET ADDRESS 128 24968 SW TATA CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33032 ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ 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 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 of 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.

SIGNING OFFICER OR DIRECTOR

FILED