2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 MAY -3 AM 11:48
TALLAHASSEE, FLORIDA

DOCUMENT # P92000014759

1. Entity Name
FLORIDA INVESTMENT GROUP, INC.

Principal Place of Business	Mailing Address
2300 CORAL WAY SUITE 200 MIAMI, FL 33145	2300 CORAL WAY SUITE 200 MIAMI, FL 33145

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
150 Alhambra Circle	150 Alhambra Circle
Suite, Apt. #, etc.: Suite 800	Suite, Apt. #, etc.: Suite 800
City & State: Coral Gables, Fl	City & State: Coral Gables, Fl
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. FEI Number: 65-0404013 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: S & K Property Management Inc
Street Address (P.O. Box Number is Not Acceptable): 150 Alhambra
Suite 800
City: Coral Gables FL Zip Code: 33134

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: [signature] Amada Cantera Lopez Pres. 4/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DPTS LOPEZ-CANTERA, AMADA 2300 CORAL WAY SUITE 201 MIAMI, FL 33145	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800035778408 05/07/04--01084--015 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CARTAYA, LIDIA 1717 N BAYSHORE DRIVE, SUITE 208 MIAMI, FL 33132	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRES. & SECRETARY CARTAYA, LIDIA 150 ALHAMBRA Suite 800 CORAL GABLES, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, DIRECTOR BUCKREUS, GERTI 150 ALHAMBRA SUITE 800 CORAL GABLES, FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800035778408 05/07/04--01084--016 **8.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Lidia Cartaya Vice President 4/27/04 305 476-0955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #