2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State DOCUMENT # P9400000014 02-04-2004 90043 009 ***150.00 CESÍ CORP. Principal Place of Business Mailing Address 201 S BISCAYNE BLVD 201 S BISCAYNE BLVD 54003392 STE 850 STE 850 MIAMI, FL 33131 MIAMI, FL 33131 CR2E034 (10/03) 01302004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0457963 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSSZ FIU CORPORATION DO NOT WRITE 201 S BISCAYNE BLVD STE 850 IN THIS SPACE MIAMI, FL 33131 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CHEEZEM, CHARLES K NAME STREET ADDRESS 201 S BISCAYNE BLVD STE 850 MIAMI, FL 33131 CITY-ST-ZIP TITLE CHEEZEM, JAN C NAME 201 S BISCYANE BLVD STE 850 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS DO-NOT-WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04

305 702 3000

FILED Feb 04, 2004 8:00 am