2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P94000027019 1. Entity Name 01-18-2005 90065 032 ***158.75 FERN FINANCE, INC. Principal Place of Business Mailing Address 12241 SW 2 ST 12241 SW 2 ST MIAMI, FL 33184 MIAMI, FL- 33184 50003069 US US 2. Principal Place of Business 3. Mailing Address 5400 Zunis Suite, Apt. #, etc. Drive 2400 Suite, Apt. #, etc 01112005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For F١ 65-0593193 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 42U AZU 871 33 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERNANDEZ, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 12241 SW 2 ST MIAMI, FL 33184 City Sobins Zip Code 338 33 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F Change Addition NAME FERNANDEZ, FERNANDO NAME 2400 Junite Drive STREET ADDRESS 12241 SW 2 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33184 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition FERNANDEZ, FERNANDO JR NAME NAME STREET ADORESS 12241 SW 2 ST STREET ADDRESS MIAMI, FL 33184 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME 14.664 Fernondez STREET ADDRESS STREET ADDRESS 2400 WALLE Drive CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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 Delete TITLE TITL F 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 of supplemental report is true and accurate and that my signature shall better 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 507. 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 SIGNATURE AND TYPED OR ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 18, 2005 8:00 am