2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 25, 2004 8:00 am Secretary of State **DOCUMENT # P94000050257** 03-25-2004 90012 011 ***150 00 KYSER HOLDINGS, INC. Principal Place of Business Mailing Address 54022090 10540 NW 26TH STREET 10540 NW 26TH STREET #103 #103 MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0509639 Not Applicable Zip Country Country \$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 Name LLAURADO, RAMON Street Address (P.O. Box Number is Not Acceptable) 10540 NW 26TH STREET #103 MIAMI, FL 33172 City Zip Code 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, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change ☐ Addition TITLE Delete NAME MORALES, HAYDEE NAME STREET ADDRESS 7640-NW-25 ST-#103 STREET ADDRESS 2601 NW 105TH AVE. MAMI, FE 93122 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33172 K Change TITLE ☐ Delete TITLE ☐ Addition VALAZQUEZ-RAMIZ, HAYDHELEN NAME NAME 7040 NW 25-ST #103-STREET ADDRESS STREET ADDRESS 2601 NW 105TH AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL-33122 MIAMI, FL 33172 TITLE ☐ Delete TITLE ☐ Change ☐ Addition LLAURADO, RAMON NAME NAME 10540 NW 26TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 dustee 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.

FILED