2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 8:00 am Secretary of State DOCUMENT # P94000057127 05-03-2004 91015 018 ***150.00 GARBER CORP. Principal Place of Business Mailing Address % 2 S BISCAYNE BLVD % 2 S BISCAYNE BLVD 94081364 ONE BISCAYNE TOWER #3400 ONE BISCAYNE TOWER #3400 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03102004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0512000 Not Applicable Zio Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VALDEZ-FAULI CORPORATE SERVICES INC Street Address (P.O. Box Number is Not Acceptable) 2 S BISCAYNE BLVD STE 3400 MIAMI, FL 33131-1897 --City Zio 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TIT! F ☐ Change Addition. BERUFF, JORGE NAME NAME 4402 WESTOVER PLACE NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WASHINGTON, DC 20016 CITY-ST-ZIP DTVP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BERUFF, DIANA G NAME NAME 4402 WESTOVER PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WASHINGTON, DC 20016 CITY-ST-ZIP 5 2005 to , BUA M 13274 N.W. 2rd Terrace TITLE Delete TITLE Change 1 X Addition VALDES-FAULI, RAUL E NAME NAME STREET ADDRESS 2 S. BISCAYNE TRAIL., #3400 STREET ADDRESS CITY-ST-ZIP Miami, FL 33182 CITY-ST-ZIP MIAMI, FL ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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 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.

Jorge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED