2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 14, 2005 8:00 am Secretary of State **DOCUMENT # P95000013723** 04-14-2005 90084 050 ***150.00 LEVON KEENAN DAYTON, P.A. Principal Place of Business Mailing Address 1865 BRICKELL AVENUE STE. A-609 1865 BRICKELL AVENUE STE. A-609 MIAMI, FL 33129 MIAMI, FL 33129 2. Principal Place of Business 3. Mailing Address 848 Brickell 848 Brickell Kef. Dr Suite, Apt. #, etc. 04072005 Cha-P CR2E034 (10/03) 904 Çity & State City & State 414 m 1 4. FEI Number Applied For 65-0559099 Not Applicable Miami \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOYTON, LEVON K 848 Brickell Kef, Dr Suite 904 MIAMI, FL 33131 Street Address (P.O. Box Number is Not Acceptable) 1865 BRICKELL AVE #-609-MIAMI: FL-33129-Zip Code City 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 egistered agent. SIGNATURE. DATE 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 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete ☐ Change TITLE TITLE DAYTON, LEVON K NAME NAME 1865 BRICKELL AVENUE STE. A-609 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-ZIF ☐ Change ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete ₹ITLE 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. J 28 SIGNATURE:

FILED