2004 FOR PROFIT CORPORATION

Mar 22, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P95000048654 1. Entity Name SECONDARY HOLDINGS, INC. Principal Place of Business Mailing Address 13 S.W. 7TH ST. 13 S.W. 7TH ST. MIAMI, FL 33130 MIAMI, FL 33130 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0652680 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MICHAEL LATTERNER & ASSOCIATES DO NOT WRITE 13 S.W. 7TH ST. MIAMI, FL 33130 IN THIS SPACE 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 roinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME LATTERNER, MICHAEL P STREET ADDRESS 13 S.W. 7TH ST. Un0000093685 03/22/04-80028-019 150.00 CITY-ST-ZIP MIAMI, FL 33130 TITLE ROSEN, WAYNE NAME STREET ADDRESS 441 VALENCIA AVENUE #703 CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - \$T - ZIP TITLE NAME STREET ADDRESS CITY -ST-ZIP

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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 of true and accurate and that my afford shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trusted employee to the secure this report associated by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addition, with all other like employees.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY - ST - ZIP