


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90161 025 \*\*\*150.00

<b>DOCUMENT # P95000048654</b> 1. Entity Name SECONDARY HOLDINGS, INC.	
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Principal Place of Business 13 S.W. 7TH ST. MIAMI, FL 33130	Mailing Address 13 S.W. 7TH ST. MIAMI, FL 33130
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**DO NOT WRITE IN THIS SPACE**

01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0652680	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  MICHAEL LATTERNER & ASSOCIATES 13 S.W. 7TH ST. MIAMI, FL 33130	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST LATTERNER, MICHAEL P 13 S.W. 7TH ST. MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSEN, WAYNE <del>441 VALENCIA AVENUE #703</del> 271 Galton Ct CORAL GABLES, FL 33143 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

**SIGNATURE:**  **4-5-05** **305-372-1266**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #