2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P95000072132** 03-26-2004 90009 049 ***150.00 1. Entity Name OLD TOWN INVESTMENT, INC. Principal Place of Business Mailing Address 54022552 42260 S.W. 8TH ST. 10690 SW 7 TR. MIAMI, FL 33174 **SUITE 224** • MIAMI, FL 33184 3. Mailing Address SW 2. Principal Place of Business 10690 SW Terrace Suite, Apt. #, etc. 03222004 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For liam Kar Not Applicable 65-0641145 Country \$8,75 Additional SA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. DIAZ DE VILLEGAS, ELENA Street Address (P.O. Box Number is Not Acceptable) 12260 S.W. 8TH STREET SUITE 224 MIAMI, FL 33184 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. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME PEREZ-ALEMAN, ARMANDO NAME 8480 S.W. 94TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition DIAZ DE VILLEGAS, ELENA NAME NAME 8480 S.W. 94TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP ☐ Delete TITLE TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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 filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 26, 2004 8:00 am