2004 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** May 03, 2004 08:00 AN DOCUMENT # P95000083875----**Secretary of State** VIPER CLUB OF AMERICA, SOUTH FLORIDA REGION INC. Mailing Address Principal Place of Business 7501 KENDALL DRIVE #FC3 P.O. BOX 415179 MIAMI BEACH, FL 33241-5179 US MIAMI, FL 33156 No Chg-P CR2E034 (10/03) 04292004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0619696 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HO, IVAN DO NOT WRITE 7501 KENDALL DRIVE #FC3 MIAMI, FL 33156 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 reinstating) \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. D TITLE HO, IVAN NAME STREET ADDRESS 7501 KENDALL DRIVE #FC3 MIAMI, FL 33156 CITY-ST-ZIP U00000151438 05/04/04-80046-014 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MARKE STREET ADDRESS CITY-ST-ZIP IIII NAME STREET ADDRESS CITY-ST-ZIP IIILE

plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of portion 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 side employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if address, will fall pitter life empowered. 12. I hereby certify that the information shindicated on this report or supplement of the corporation or the receiver or to changed, or on an attachment with a supplement of the corporation or the receiver or to change of the corporation or the receiver or to change of the corporation of the corporation.

SIGNATURE:

NAME STREET ADDRESS CRY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR