2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P96000046184 1. Entity Name 04-29-2004 90300 047 ***158.75 THETA BUSINESS NETWORK, INC. Principal Place of Business Mailing Address 16463 NE 6TH AVE NORTH MIAMI BEACH FL 33162 PUPALUEL 16463 NE 6TH AVE NORTH MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 80-0032934 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEAN-BAPTISTE, LAVEAUX Street Address (P.O. Box Number is Not Acceptable) 16463 NE 6TH AVE NORTH MIAMI BEACH FL 33162 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. the obligations of registered agent. SIGNATURE LAVEAUX FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE PRESIDENT MARISE R. JEAN-BAPTISTE BRUTUS, RAYMOND NAME NAME STREET ADDRESS 1700 NW 110 TERR STREET ADDRESS 44 NE 188th STREE **MIAMI FL 33167** CITY-ST-ZIP CITY-ST-ZIP TITLE VΡ Delete TITLE SCHNIDER SAINT-AIME NAME DORNO, PUCELLE NAME 8770 ROYAL PALM BLVD #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME GEORGES, PIERRE S NAME STREET ADDRESS STREET ADDRESS 4120 SW 20TH STREET #1 CITY - ST- ZiP CITY-ST-ZIP FT LAUDERDALE FL 33317 TITLE Delete ☐ Addition TITLE SAINT-AIME, SCHNIDER NAME NAME 1322 NE 146TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N. MIAMI FL 33161 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition JEAN-BAPTISTE, RMARISE NAME NAME 44 NE 188TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33179 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE ALERTE, ROBERT NAME NAME 901 NW 116TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33168 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.

FILED

SIGNATURE: