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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 15, 2004 8:00 am Secretary of State DOCUMENT # P96000075829 1. Entity Name 03-15-2004 90045 014 ***150.00 THE INSULATION GROUP, CORP. Principal Place of Business Mailing Address 1411 SW 57TH AVE. CORAL GABLES FL 33144 1411 SW 57TH AVE. CORAL GABLES FL 33144 2. Principal Place of Business 3. Mailing Address 1411 5W 57/1 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number City & State Applied For City & State 65-0693395 URAL GABLES FLORIDA Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GUERRA, JOSE J 1411 SW 57TH AVE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33144 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DP TITLE ☐ Change ☐ Addition ☐ Delete TITLE GUERRA, JOSE J NAME NAME 1411 SW 57TH AVE. STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33144** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GUERRA, JUANA 1411 SW 57TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33144 CITY-ST-ZIP Delete Change Addition NAME! CARMENATES, ADOLFO C---NAME STREET ADDRESS STREET ADDRESS 1411 SW 57TH AVE. CORAL GABLES FL 33144 CITY-ST-7IP CITY-ST-ZIP ☐ Delete VICE PRESIDENT ☐ Change Addition TITLE JUAN BATISTA TITLE NAME JUAN BATISTA NAME VICE PRESIDENT STREET ADDRESS STREET ADDRESS 435W 77th AVE 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 TIT) F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 anyaddress, with all other like empowered.

FILED

Daytime Phone #