Apr 08, 2004 8:00 am Secretary of State 2004 FOR PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # P96000103638** 04-08-2004 90026 049 ***150.00 ALOS SYSTEMS CORPORATION Principal Place of Business Mailing Address 94047252 21934 PHILMONT COURT 21934 PHILMONT COURT BOCA RATON, FL 33428 BOCA RATON, FL 33428 2. Principal Place of Bug 3. Mailing Address Suite Apt. # etc 04052004 Chg-P CR2E034 (10/03) Applied For 4. FEI Number 65-0720740 Not Applicable Country \$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 Name GONZALEZ, ROMULO LP.O. BoxNumber is Not Acceptable Street Address 21934 PHILMONT COURT BOCA RATON, FL 33428 City Zio 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 rered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE ion Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 7356 Moneta Street ☐ Change TITLE Delete TITLE NAME GONZALEZ, ROMULO NAME 21934 PHILMONT CT STREET ADDRESS STREET ADDRESS BOCA RATON, FL CITY-ST-ZIP CITY-ST-ZIP III F ☐ Delete TITLE MAYORGA, NOHORA I NAME NAME 21934 PHILMONT CT STREET ADDRESS STREET ADDRESS BOCA RATON, FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition THILE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITE F ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 it 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.

auso

OR DIRECTOR

Date

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED

FILED