2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 20, 2004 8:00 am Secretary of State DOCUMENT # P97000004209 04-20-2004 90035 018 ***150.00 1. Entity Name STONE AGE PROPERTIES, INC. Principal Place of Business Mailing Address シャオのひひ 2424 NW 46TH ST 782 N.W. LEJEUNE ROAD, #548 MIAMI, FL 33142 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302004 Chg-P CR2E034 (10/03) City & State City & State 4, FEI Number Applied For 65-0731784 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAROUEZ & MARCELO-ROBAINA, P.A. MARQUEZ, JOSE M Street Address (P.O. Box Number is Not Acceptable) 782 NW LEJEUNE RD., STE. 548 MIAMI, FL 33126 782 NW LeJeune Road, Suite 548 zig 6426 MIAMI 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 ager SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 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. PΩ TITLE Delete TITLE Addition HERNANDEZ, LUIS A NAME NAME 1150 N. BISCAYNE POINT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 CITY-ST-ZIP SD TITLE ☐ Delete TITLE Change Addition HERNANDEZ, JOSE LUIS NAME NAME STREET ADDRESS 1150 N. BISCAYNE POINT ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI BEACH, FL 33141 Change TITLE ☐ Delete TITLE ___ Addition NAME HERNANDEZ, JOSE D NAME 15200 SW 89 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33157 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition | HERNANDEZ, JUSTO NAME NAME 16631 S.W. 6TH STREET STREET ADDRESS STREET ADDRESS PEMBORKE PINES, FL 33027 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete 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 the 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 rederveror trustee empoyered 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 attachm SIGNATURE:

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