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

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED

SIGNATURE:

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Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # P97000007871** 1. Entity Name 04-12-2004 90281 016 ***158.75 PHOENIX REAL ESTATE INVESTMENT GROUP, INC. Mailing Address Principal Place of Business 907 N.FEDERAL HWY 907 N.FEDERAL HWY **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 2. Principal Place of Business 3. Mailing Address N·W Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For Çity & State 4. FEI Number City & State 65-0744810 RATON Not Applicable DOCA Country BOACH Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIACOMINO, MATTHEW Street Address (P.O. Box Number is Not Acceptable) **298 NW 6TH AVE BOCA RATON FL 33432** City Zip Code FL 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change TITLE TITLE Addition GIACOMINO, MATTHEW NAME NAME GAY N.W. 298 907 N FEDERAL HIGHWAY STREET ADDRESS STREET ADORESS **BOYNTON BEACH FL 33435** CITY-ST-ZIP CITY-ST-ZIP BOCA RATON , Oelete TITI F TITLE GIACOMING GIACOMINO, MATTHEW JR. NAME NAME Christuphir 907 N FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS N.W 298 CITY-ST-ZIP BOYNTON BEACH FL 33435 CITY-ST-ZIP 33432 Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

Daytime Phone #