2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 25, 2005 8:00 am Secretary of State DOCUMENT # P97000011623 1. Entity Name 01-25-2005 90038 031 ***150.00 LAW OFFICES OF ROBERT C. GROSS P.A. Principal Place of Business Mailing Address 2250 SW 3RD AVENUE C/O BRIAN LYNN TWO SOUTH UNIVERSITY DR. #204 MIAMI, FL 33129 PLANTATION, FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. # 2/5 Suite, Apt. #, etc. 01102005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0725021 Not Applicable Zip 2ioCountry Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GROSS, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 6480 S.W. 128 STREET MIAMI, FL 33156 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. I am familiar with, and accept the obligations of registered agent SIGNATURE -Signature; typed or printed name of registered agent and title 4 applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Funa Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete ☐ Change ☐ Addition TITLE TITLE GROSS, ROBERT C NAME STREET ADDRESS STREET ADDRESS 6480 S.W. 128 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33156 ☐ Change Addition TILE ☐ Delete TITLE NAME TREET ADDRESS STREET ADDRESS CITY-ST-2P 2177.57.30 Addition THE Derete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition TITLE Oelete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 211Y - ST - ZIP ☐ Addition Change TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 337Y - 57 - 21P ☐ Change ☐ Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY - 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 671, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

FILED