2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# P97000066871

Entity Name: ASTRAL CONSOLIDATORS INC.

Current Principal Place of Business:

1850 NW 84TH AVENUE
108
MIAMI, FL 33122

New Principal Place of Business:

1850 NW 84TH AVENUE
108
MIAMI, FL 33126

Current Mailing Address:

1850 NW 84TH AVENUE
108
MIAMI, FL 33122

New Mailing Address:

1850 NW 84TH AVENUE
108
MIAMI, FL 33126

FEI Number: 65-0774152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LESSA, NEY R
1850 NW 84TH AVENUE
108
MIAMI, FL 33122

Name and Address of New Registered Agent:

LESSA, NEY R
1850 NW 84TH AVENUE
108
MIAMI, FL 33126

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.

SIGNATURE: 01/06/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LESSA, NEY R
Address: 1850 NW 84TH AVENUE STE 108
City-St-Zip: MIAMI, FL 33122

Title: PD ( ) Delete
Name: LESSA, ELAINE R
Address: 1850 NW 84TH AVENUE STE 108
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LESSA, NEY R
Address: 1850 NW 84TH AVENUE STE 108
City-St-Zip: MIAMI, FL 33126

Title: PD (X) Change ( ) Addition
Name: LESSA, ELIANE
Address: 1850 NW 84TH AVENUE STE 108
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEY R. LESSA PD 01/06/2004
Electronic Signature of Signing Officer or Director — Date