2004 FOR PROFIT CORPORATION ANNUAL REPORT

THEE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED Mar 18, 2004 08:00 AM **DOCUMENT # P97000084707** 1. Entity Name **Secretary of State** SERVICODE AMERICA INC. Principal Place of Business Mailing Address 1721 CROSSVINE CT 1721 CROSSVINE CT NEW PORT RICHEY, FL. 34655 NEW PORT RICHEY, FL 34655 ŧς 03082004 No Chg-P GR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3472727 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent TELLO, GUILLERMO A DO NOT WRITE 1721 CROSSVINE CT NEW PORT RICHEY, FL 34655 IN THIS SPACE 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 Squares, typed or preted earns of registered agent and the # applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 10. OFFICERS AND DIRECTORS PD RTLE TELLO, GUILLERMO NAME 1721 CROSS VINE CT STREET ADDRESS NEW PORT RICHEY, FL 34655 CITY-ST-ZIP VD T:31 6 TELLO, CONSTANZA M NAME U00000092083 03/18/04-80035-003 150.00 1721 CROSS VINE CT STREET ADDRESS NEW PORT RICHEY, FL 344655 CTY-ST-ZIP 737LE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE THTLE NAME STREET ADDRESS CITY-ST-ZIP BBE NAME STREET ADDRESS CITY-S1-ZIP

12. Thereby certify that the information supplied with this liking does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

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