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

SIGNATURE:

Apr 15, 2004 8:00 am Secretary of State **DOCUMENT # P98000001536** Entity Name 04-15-2004 90037 043 ***150.00 DIANNE JOYCE DESIGN COMPANY Principal Place of Business Mailing Address 3225 AVIATION AVE, SUITE 501 COCONUT GROVE FL 33133 3225 AVIATION AVE, SUITE 501 COCONUT GROVE FL 33133 2. Principal Place of Business 2780 DOUGLAS ROAD CR2E034 (11/03) SUITE 300 City & State 4. FEI Number Applied For 65-0804857 Not Applicable \$8.75 Additional 5. Certificate of Status Desired - -Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERKOWITZ, RICHARD A ONE SE THIRD AVENUE 15TH FLOOR Street Address **MIAMI FL 33131** 5011E 300 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 register 04.15.04 DIANNE JOYCE SIGNATURE (NOTE: Registered Agent signature required when reinstating) FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ADONESS X Change PD ☐ Delete TITLE TITLE DIANNE JOYCE JOYCE, DIANNE NAME NAME 2780 DOUGLAS 120AD SUITE 300 STREET ADDRESS 3225 AVIATION AVE, SUITE 501 STREET ADDRESS FL.33/33 COCONUT GROVE FL 33133 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CCTY-ST-ZIP ☐ Change Addition TITLE TITLE □ Delete 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 true and accurate and that my signature shall have the same legal effect as if made under eath; 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. DIANNE JOYCE

AME OF SIGNING OFFICER OR DIRECTOR

FILED