06/03/04 09:22 FAX 305 357 5534 F L S D ATTORNEY 6/15

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Jun 29, 2004 8:00 am
Secretary of State
06-15-2004 90001 037 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000005104

1. Entity Name
TWELFTH AVENUE HOLDING, INC.

Principal Place of Business	Mailing Address
1110 BRICKELL AVE PENTHOUSE 1 MIAMI, FL 33131 US	1110 BRICKELL AVE PENTHOUSE 1 MIAMI, FL 33131 US

66429156

03282003 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
11000 N.W. 92nd Terrace		11000 N.W. 92nd Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33178	Country: USA	Zip: 33178	Country: USA

4. FEI Number: 65-0833641 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SILVER, SCOTT A
1110 BRICKELL AVE
PENTHOUSE 1
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name: Paul A. Lester
Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle
Suite 601
City: Coral Gables FL Zip Code: 33134

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: ______________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	D/P ☒ Change ☐ Addition
NAME	CABRERZO, TOM		NAME	Tomas Cabrerizo
STREET ADDRESS	711 WEST 16TH ST.		STREET ADDRESS	11000 N.W. 92nd Terrace
CITY-ST-ZIP	HIALEAH, FL 33010		CITY-ST-ZIP	Miami, FL 33178
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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 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.

SIGNATURE: ______ Director/President 6/8/04 305-777-6225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
Doc. # P98000057704
6642956

TWELFTH AVENUE HOLDING, INC.

June 3, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Please be advised that our office did not receive the notification for the annual report for Twelfth Avenue Holding, Inc. or any other notification from the Secretary of State as our principal address is incorrectly listed in your records. Attached is the revised Annual Report printed from your website together with our check in the sum of $150.00, representing the annual fees.

Thanking you for your cooperation concerning this matter and if you have any questions, please call us at 305-777-6225.

Sincerely,

Tomas Cabrerizo
President