2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 30, 2005 08:00 AM DOCUMENT # P98000023304 **Secretary of State** 1. Entity Name 1439 CORPORATION Principal Place of Business Mailing Address 140 SO. HIBISCUS DRIVE 140 SO, HIBISCUS DRIVE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARANGO, RAFAEL D Street Address (P.O. Box Number is Not Acceptable) 140 SO. HIBISCUS DRIVE MIAMI BEACH FL 33139 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 if applicable (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE HIEE ☐ Delete ☐ Change Addition NAME ARANGO, RAFAEL D NAME 140 SO, HIBISCUS DRIVE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIF HILE ☐ Delete HHE ☐ Change ☐ Addition ARANGO, RICARDO J U000000281206 STREET ADDRESS 140 SO, HIBISCUS DRIVE STREET ADDRESS 03/30/05-80049-018 150.00 CHTY-ST-71P MIAMI BEACH FL 33139 CITY-ST-ZIP THEE Delete TOTLE ☐ Change ☐ Addition NAME ARANGO, RAFAEL N.A.ME STREET ADDRESS 140 SO, HIBISCUS DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CHY-ST-ZIP Delete ☐ Change ☐ Addition ARANGO, ROBERTO A STREET ADDRESS 140 SO, HIBISCUS DRIVE STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CHY-SI-7/P THE Delete 11111 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete THUE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-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. £ael D. Arango readent.

SIGNATURE:

FILED