2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 13, 2004 8:00 am **Secretary of State DOCUMENT # P98000086117** 07-13-2004 90004 038 ***558.75 PNR PROPERTIES, INC. Principal Place of Business Mailing Address P.O. BOX 1588 4512 SAN AMARO DRIVE CORAL GABLES, FL 33146 S. MIAMI, FL 33143 CR2E034 (10/03) 07082004 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0870068 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BRANNON, D. REID DO:NOT:WRITE 5985 SW 42ND TERRACE MIAMI, FL 33155 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______Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Added to Fees 10. OFFICERS AND DIRECTORS TITLE BRANNON, D. REID NAME STREET ADDRESS 5985 SW 42ND TERRACE CITY-ST-ZIP MIAMI, FL 33155 TITLE BRANNON, IVAN I NAME STREET ADDRESS 4512 SAN AMARO DRIVE CITY-ST-ZIP CORAL GABLES, FL 33146 NAME STREET ADDRESS DO NOT WRITE -CITY-ST-ZIP TITLE IN THIS SPACE NAME . STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP I hereby certify that the information sur indicated on this report or supplement yed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the rec D. REID BRANKON SIGNATURE:

FILED