2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

SIGNING OFFICER OR DIRECTOR

May 17, 2005 8:00 am Secretary of State **DOCUMENT # P98000087247** 05-17-2005 90015 002 ***150.00 FLORIDA GENERAL AGENCY, INC. Principal Place of Business Mailing Address 1140 W 50 STREET 1140 W 50 STREET SUITE 305 **SUITE 305** HIALEAH, FL 33012 HIALEAH, FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05062005 CR2E034 (10/03) Chq-P City & State City & State 4. FEI Number Applied For 65-0868038 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPINOSA ESPINOSA, JORGE A Street Address (P.O. Box Number is Not Acceptable) 1140 WEST 50 ST. #305 HIALEAH, FL 33012 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 5-1-05 SIGNATURE. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent a if applicable FILE NOWI!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PS TITLE ☐ Delete TITLE ESPINOSA, FERNANDO NAME NAME 1140 WEST 50 ST. #305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ESPINOSA, FERNANDO JR NAME NAME 6786 MAIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33014 CITY-ST-ZIP ☐ Addition Delete TITLE TITLE ☐ Change 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-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 eath; that I am an officer or director of the cornectation 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 one attachment with an other like empowered.

FILED