Apr 19, 2005 8:00 am
Secretary of State
04-19-2005 90400 015 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000002258

1. Entity Name
LORET DE MOLA PROPERTY INVESTMENTS INC.

50039086

Principal Place of Business	Mailing Address
9745 SUNSET DR #209 MIAMI, FL 33173 US	2350 SW 123RD AVE MIAMI, FL 33175 US

2. Principal Place of Business	3. Mailing Address
	9745 Sunset Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #209
City & State	City & State Miami, Florida
Zip / Country	Zip 33173 / Country Miami-Dade

02102005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0891211 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ARAZOZA, COMAS DE TORRES & FERNANDEZ-FRAGA
2100 SALZEDO STREET
SUITE 300
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARNERO, SISI 1100 SW 82 AVE MIAMI, FL 33144 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Carnero, SiSi 5224 NW 94 Doral place Miami, Fl 33178 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: ____ 4/11/05 (305) 271-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #