FILED Mar 14, 2005 8:00 am Secretary of State

2005 FOR PROFIT CORPORATION

03-14-2005 90078 034 ***150.00 ANNUAL REPORT DOCUMENT # P99000012060 1. Entity Name 40031517 JEDI INVESTMENTS, INC. Principal Place of Business Mailing Address 1191 RED BIRD AVE 1191 RED BIRD AVE MIAMI SPRINGS, FL 33166 MIAMI SPRINGS, FL 33166 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092005 CR2E034 (10/03) Chg-P Applied For ---City & State City & State _ _ 4. FEI Number 65-0850886 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 SOLARES, JAVIER Street Address (P.O. Box Number is Not Acceptable) 1191 REDBIRD AVE MIAMI SPRINGS, FL 33166 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. 1 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PS Change Addition TITLE Delete TITLE SOLARES, JAVIER NAME NAME 1191 REDBIRD AVE STREET ADDRESS STREET ADDRESS MIAMI SPRINGS, FL 33166 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE C Change Addition ALVARES, IRIS SOLARES IRIS NAME NAME STREET ADDRESS 1191 REDBIRD AVE -STREET ADDRESS MIAMI SPRINGS, FL 33166 CITY-ST-ZIP CITY-ST-7/P 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 COY-ST-7IP CITY-ST-ZIP TITLE Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS 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 five 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 employeed 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:

05 305885-5650