2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jun 09, 2004 8:00 am Secretary of State DOCUMENT # P99000024544 1. Entity Name 06-09-2004 90001 034 ***150.00 ROZAS ENTERPRISES, INC. Principal Place of Business Mailing Address 601 BROKELL KEYER, SUTE 805 601 BROKELLKEYDR, SUITE 805 MAM, FL 33131 MAM, FL 33131 2. Principal Place of Business Mailing Address 3521 NE 164th Suite, Apt. #, etc. 03192003 Cha-P CR2E034 (10/03) City & State 4. FEI Number Applied For 65-0911491 Not Applicable 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 **ALLEN & GALEGO** Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DR., SUITE 805 MIAMI, FL 33131 1014 8. The above named entity pubmits 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 register agent. SIGNATURE. (NOTE: Registered Agent signature required FILE NOW!!! 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. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** TITLE Change De lete TITLE ☐ Addition ROZAS, RAMON ROZAS, J. RAMON NAME NAME 1441 Brickell Ave ¥1014 STREET ADDRESS 601 BRICKELL KEY DR. #805 STREET ADDRESS CITY-ST-7P MIAMI, FL 33131 CITY-ST-ZIP Meani VP TITLE X Delete ☐ Addition ROZAS, PATRICIA NAME Ave #1014 1441 Brickell 601 BRICKELL KEY DR. #805 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CJTY-ST-ZIP 33131 Miami TITLE Delete TITLE ☐ Addition Robert N. Jr. Allen, ALLEN, ROBERT N JR. NAME NAME Aux -#1014 601 BRICKELL KEY DR. #805 Brickell STREET ADDRESS STREET ADDRESS 1441 MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIT) F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 suppliemental 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 attackment with an addiress, with all other like empowered.

FILED