2005 FOR PROFIT CORPORATION

Apr 20, 2005 8:00 am Secretary of State **ANNUAL REPORT** 04-20-2005 90299 024 ***150.00 DOCUMENT # P99000055542 MARGARET'S PLACE CORP. 400003m. Mailing Address Principal Place of Business 2591 S.W. 124TH AVENUE 2591 S.W. 124TH AVENUE MIAMI, FL 33175 MIAMI, FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 04152005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0931712 Not Applicable 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 RODRIGUEZ, MARIA M Street Address (P.O. Box Number is Not Acceptable) 2591 S.W. 124TH AVENUE MIAMI, FL 33175 City 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Change ☐ Addition πήε ☐ Delete RODRIGUEZ, MARIA M NAME STREET ADDRESS STREET ADDRESS 2591 S.W. 124TH AVENUE CITY-ST-ZIP MIAMI, FL 33175 CITY-ST-ZIP ☐ Delete Change | Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITEE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME

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-acciver 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 accurate internet with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR DRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Detete

Date

Daytime Phone #

Change

☐ Addition

FILED