2005 FOR PROFIT CORPORATION

Apr 25, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P99000061747** 04-25-2005 90276 004 ***150.00 1. Entity Name TURCHIN INVESTMENT CO. 20046635 Principal Place of Business Mailing Address 1900 SUNSET HARBOUR DR 1900 SUNSET HARBOUR DR COMMERICAL UNIT A-F COMMERICAL UNIT A-F MIAMI BEACH, FL 33131 MIAMI BEACH, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0932793 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 TURCHIN, JOHN Street Address (P.O. Box Number is Not Acceptable) 1900 SUNSET HARBOR DR SUITE 1 MIAMI BEACH, FL 33139 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 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 **\$5.00** May Be 9. Election Campaign Financing FILE NOWIJI FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Delete Change ☐ Addition TITLE TITLE TURCHIN, ROBERT L SR NAME NAME STREET ADDRESS 1900 SUNSET HARBOR DR SUITE 1 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP PRESIDENT Change Change ☐ Addition ☐ Delete TITLE TITLE TURCHIN, JOHN A TURLHIN NAME NAME JOHN. 1900 SUNSET 1900 SUNSET HARBOUN DA MIGMI BEACH, FC 33140 1900 SUNSET HARBOR DR. SUITE 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITEF ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Channe ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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 eport 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 employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if III other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> John Turchin ED NAME OF SIGNING OFFICER OR DI

FILED