2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P99000072446 03-10-2004 90026 029 ***150.00 ALTIS INCOME HEDGE, INC. Principal Place of Business Mailing Address 6940 TOWN HARBOUR BLVD 6940 TOWN HARBOUR BLVD 94027272 STE 2411 STE 2411 BOCA RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business 3. Mailing Address 7038 ACTA ZOJ8 ALLA MEADOWS MERDOWS Suite, Apt. #, etc Suite, Apt. #, etc 03012004 CR2E034 (10/03) SUSTE 1503 1503 SUSTE Applied For City & State City & State 4. FEI Number BEACH BEACH DECRAN 65-0943869 Not Applicable DEURA Country Country Zip \$8.75 Additional 5. Cartificate of Status Desired USA 33 YY Y Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAURO PAUL LAURO, PAUL F Street Address (P.O. Box Number is Not Acceptable) 6940 TOWN HARBOUR BLVD **STE 2411** BOCA RATON, FL 33433 AUA MERDOWS DELRA BEACH 8. The above named entity submits this statement for the pyrpose 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 F LAURO, PRESIDET SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change LAURO, PAUL F NAME NAME 2038 ALTA MEADOW LANE #1503 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33444 CITY-ST-ZIP ПΠЕ □ Delete TITLE Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CiTY-ST-ZIP CITY-ST-ZIP 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 CITY-ST-ZIP 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), Rorida 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 oeth; 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 than a direct shall be empowered. PAUL E LAURU PILESSORM SIGNATURE:

FILED

Mar 10, 2004 8:00 am