.2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # P99000080200** 04-28-2004 90178 019 ***150 00 FOUR ACES PROPERTIES, INC. Principal Place of Business Mailing Address **J**4000--17878 N. BAY ROAD #303 17878 N. BAY ROAD #303 MIAMI, FL 33160 MIAMI, FL 33160 2. Principal Place of Business 3. Mailing Address 18206 COLLINS > AVE 18206 COLLINSL AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 04192004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For SUNNY ISLES FL 33160 SUNNY ISLES FL 33160 65-0977670 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 Name GLEIZER HERNAN GLEIZER, HERNAN Street Address (P.O. Box Number is Not Acceptable) 17878 N. BAY ROAD #303 MIAMI, FL 33160 18206 COLLINS AVE Zip Code SUNNY ISLES BEACH 33160 8. The above names entity su t 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 obligation SIGNATURE ted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition TD GLEIZER, HERNAN NAME NAME GLEIZER, HERNAN STREET ADDRESS 17878 N. BAY ROAD #303 STREET ADDRESS 18206 COLLINS AVE SUNNY ISLES BEACH FL CITY-ST-ZIP MIAMI, FL 33160 CITY-ST-ZIP 33160 TITLE ☐ Delete TITLE ☐ Change Addition NAME* NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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-7IP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE 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), Florida Statutes. I further certify that the information indicated on this report or supplemental report is midlent 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 attachment with an addings, with all other like empowered. 4-21-04 SIGNATURE: Daytime Phone # SIGNATURE AND TY D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED