2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P99000084273

Entity Name: GAIRA BAY, INC.

Current Principal Place of Business:

3971 SW 8TH STREET SUITE 305
MIAMI, FL 33134

New Principal Place of Business:

3971 S.W. 8 STREET
SUITE 305
MIAMI, FL 33134

Current Mailing Address:

3971 SW 8TH STREET SUITE 305
MIAMI, FL 33134

New Mailing Address:

3971 S.W. 8 STREET
SUITE 305
MIAMI, FL 33134

FEI Number: 65-0952436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOSA, GUILAINE LAMAR ESQ
3971 SW 8TH STREET SUITE 305
MIAMI, FL 33134

Name and Address of New Registered Agent:

SOSA, GUILAINE LAMAR ESQ
3971 S.W. 8 STREET
SUITE 305
MIAMI, FL 33134

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.

SIGNATURE: _____ 04/28/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VIVES, CARLOS
Address: 3971 S.W. 5TH STREET, STE 305
City-St-Zip: MIAMI, FL 33134

Title: VPD ( ) Delete
Name: SOSA, RAFAEL E
Address: 3971 S.W. 8TH STREET, STE 305
City-St-Zip: MIAMI, FL 33134

Title: SD ( ) Delete
Name: DE VIVES, HERLINDA G
Address: 3971 S.W. 8TH STREET, STE 305
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VIVES, CARLOS
Address: 3971 S.W. 8 STREET, SUITE 305
City-St-Zip: MIAMI, FL 331342951

Title: VPD (X) Change ( ) Addition
Name: SOSA, RAFAEL E
Address: 3971 S.W. 8 STREET, SUITE 305
City-St-Zip: MIAMI, FL 331342951

Title: SD (X) Change ( ) Addition
Name: DE VIVES, HERLINDA G
Address: 3971 S.W. 8 STREET, SUITE 305
City-St-Zip: MIAMI, FL 331342951

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL SOSA VP 04/28/2004
Electronic Signature of Signing Officer or Director — Date