2004 FOR PROFIT CORPORATION

FILED May 03, 2004 08:00 AN **-ANNUAL REPORT Secretary of State** DOCUMENT # S92866 1. Entity Name DINGLE BELL, INC. Principal Place of Business Mailing Address P.O. BOX 453905 122 MINORCA AVENUE CORAL GABLES, FL 33134 MIAMI, FL 33245 No Chg-P CR2E034 (10/03) 04292004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0293689 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OROZCO, OSVALDO R ESQ DO NOT WRITE 122 MINORCA AVENUE CORAL GABLES, FL 33134 IN THIS SPACE 3. 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 it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing U00000150951 05/04/04-80026-018 150.00 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 10. OFFICERS AND DIRECTORS TITLE NAME OROZCO, OSVALDO R STREET ADDRESS 122 MINORCA AVENUE CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET AGORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director the this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true and accur of the corporation or the receiver or trustee empowered thanged, or on an attachment with an address, with all of

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO