2004 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the in indicated on this report of of the corporation or the re changed, or on an attac

SIGNATURE:

Apr 26, 2004 08:00 AM Secretary of State DOCUMENT # V46417 1. Entity Name LITTLE HAITI GARAGE, INC. Principal Place of Business Mailing Address 7100 NORTH MIAMI AVENUE 7100 NORTH MIAMI AVENUE MIAMI, FL 33150 MIAMI, FL 33150 CR2E034 (10/03) 04132004 No Cha-F DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0344225 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VOLTAIRE, NELSON DO NOT WRITE 7100 NORTH MIAMI AVENUE MIAMI, FL 33150 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) U00000130767 9. Election Campalon Financino \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/26/04-80131-011 150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE VOLTAIRE, NELSON NAME 461 N.E. 145TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33161 NAME VOLTAIRE, NELSON STREET ADDRESS 461 N.E. 145TH STREET CITY-ST-ZIP MIAMI, FL 33161 VOLTAIRE, NELSON NAME STREET ADDRESS 461 N.E. 145TH STREET DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33161 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY - ST - ZIP TITLE NAME

normation 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 of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director foceiver 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 inner typic an address with allyother like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED