2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2004 08:00 AM Secretary of State DOCUMENT # P97000069079 1. Entity Name D & D INTERNATIONAL REALTY MANAGEMENT COMPANY Principal Place of Business Mailing Address 1200 NE MIAMI GAR DR #820 W 1200 NE MIAMI GAR DR #820 W NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1107016 Not Applicable Ζιρ Country 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 ROSENBERG, IZHAK Street Address (P.O. Box Number is Not Acceptable) 1200 NE MIAMI GAR DR #820 W MIAMI FL 33179 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Change Addition ROSENBERG, IZHAK NAME NAME Unnonnessaa STREET ADDRESS 1200 NE MIAMI GAR DR #820 W STREET ADDRESS 02/27/04-80039-008 150.00 CITY-ST-ZIP MIAMI FL 33179 CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME ROSENBERG, DANIEL NAME STREET ADDRESS 1200 NE MIAMI GAR DR #820 W STREET ADDRESS N. MIAMI BCH FL 33179 CITY-ST-7P CITY-ST-ZIP TITLE TITLE ☐ Delete Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F 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), Florida 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 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 address, with all other like empowered.

SIGNATURE: 12HAK ROS ENBERG 31
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/04 Date

954 234 3333

FILED