2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 14, 2004 8:00 am Secretary of State DOCUMENT # 528526 01-14-2004 90009 014 ***158.75 1. Entity Name BERMELLO, AJAMIL & PARTNERS, INC. Mailing Address Principal Place of Business 2601 S BAYSHORE DR 2601 S BAYSHORE DR TENTH FLOOR-SUITE 1000 **TENTH FLOOR-SUITE 1000** MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 CR2E034 (10/03) Cha-P City & State 4. FEI Number Applied For City & State 59-1722486 Not Applicable 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 BERMELLO, WILLY A. Street Address (P.O. Box Number is Not Acceptable) 2601 S BAYSHORE DR STE 1000 MIAMI, FL 33133 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. When or printed name of rehistered about and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 -Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change BERMELLO, WILLY AREL NAME NAME STREET ADDRESS 2601 S BAYSHORE DR #1000 STREET ADDRESS MIAMI, FL CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition TITLE MARTINEZ, NELSON C. NAME STREET ADDRESS 2601 S BAYSHORE DR #1000 -STREET ADDRESS MIAMI, FL 33133 CITY-ST-ZIP CITY-ST-ZIP Delete Change - 🖂 Addition LUIS, AJAMIL P NAME NAME STREET ADDRESS 2601 S. BAYSHORE DR., #1000 STREET ADDRESS MIAMI, FLT33133 CITY-ST-7IP CITY-ST-7IP TITLE AS TITLE Change ☐ Addition Delete NEWLAND, ELIZABETH NAME 2601 SOUTH BAYSHORE DRIVE 10TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 CITY-ST-ZIP Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY - ST - ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS 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 attachmental true and treat with all other. SIGNATURE: OFFICER OR DIRECTOR

FILED