2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2005 08:00 AM Secretary of State

| | AMNUAL | Secretary of State | | | | | |
|---|--|---|----|-----------------------------------|-----------------|--------|---|
| DOCUMENT # 840615 1. Entity Name TAORMINA INVESTMENTS, N.V. COMPANY | | | | | S | secret | ary oi Stat |
| Principal Place of Business 25 SE 2ND AVENUE 900 MIAMI, FL 33131 US | | Mailing Address 2150 CORAL WAY STE 3A MIAMI, FL 33145 US | | | | | |
| DO I | NOT WRITE | IN THIS SPA | CE | 01102005 4. FEI Numb 98-003 | No Chg-P | CR2E0 | 34 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | | | | | |
| MURAI, RENE V 25 S.E. SECOND 900 INGRAHAM MIAMI, FL | ESQ. AVE. | <u>-</u> | | | NOT V THIS S | | _ |
| 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 renstating) DATE | | | | | | | |
| FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | | .00 May Be ed to Fees | | | |
| STREET ADDRESS PANO CITY-ST-ZIP MESS TITLE D NAME AMAC STREET ADDRESS KAYA CITY-ST-ZIP NETHI TITLE VPD NAME PASC STREET ADDRESS PANO | OFFICERS AND DI ANNI, CIRINO CANNAVO RAMICA DELLO STRETTO INA, ITALY, CO (CURACAO) N.V. W.F.G (JOMBI) MENSING 3 ERLANDS ANTILLES, AZIO DE CANNAVO, EUFRA RAMICA DELLO STRETTO INA ITALY, | 6 CURAÇÃO | | | NOT V | VRITE | 025 150.00 |
| TITLE NAME STREET ADDRESS | | | | •• | | | |

12. I hereby certify that the information supplied with this filling 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 applicass, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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