

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005491

Entity Name: D.O.T. PROPERTIES N.V.

FILED  
Apr 11, 2006  
Secretary of State

## Current Principal Place of Business:

% CHRISTOPHER J. KLEIN-BAUR, MILLER ET AL  
100 N. BISCAYNE BLVD, 21ST FLOOR  
MIAMI, FL 33132

## New Principal Place of Business:

## Current Mailing Address:

% CHRISTOPHER J. KLEIN-BAUR, MILLER ET AL  
100 N. BISCAYNE BLVD, 21ST FLOOR  
MIAMI, FL 33132

## New Mailing Address:

FEI Number: 98-0064274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KLEIN, CHRISTOPHER J ESQ  
BAUR, WOODBRIDGE, REUS & KLEIN, P.A.  
100 N. BISCAYNE BLVD. 21ST FLOOR  
MIAMI, FL 33132 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MD ( ) Delete  
Name: MAXIRO & GABRIEL TRU, ST CO. N.V.  
Address: PLAZA JO JO CORREZA 2-4  
City-St-Zip: CURACAO, NETHERLANDS ANTILLES,

Title: MD ( ) Delete  
Name: FAIR, IAN DENNIS  
Address: SEA GRAPE HOUSE, EASTERN RD  
City-St-Zip: NEW PROVIDENCE, BAHAMAS,

Title: S ( ) Delete  
Name: THOMPSON, JOAN LYNN  
Address: 8 YORK AVE, GLENISTON GARDENS  
City-St-Zip: NEW PROVIDENCE, BAHAMAS,

Title: MD ( ) Delete  
Name: KNOWLES, JOAN  
Address: RETIREMENT ROAD, NEW PROVIDENCE  
City-St-Zip: BAHAMAS,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IAN DENNIS FAIR

MD

04/11/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date