


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # G69105**  
1. Entity Name  
**TERMINAL INVESTMENT CORP.**



Principal Place of Business  
**250 CATALONIA AVENUE  
SUITE 605  
CORAL GABLES, FL 33134**

Mailing Address  
**P.O. BOX 141894  
CORAL GABLES, FL 33114 US**

**DO NOT WRITE IN THIS SPACE**



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2333787**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TRAVIESO, JOSE JR.  
250 CATALONIA AV STE 605  
CORAL GABLES, FL 33134**

**DO NOT WRITE 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>MANSUR, LUIS E<br>BACHSTRAAT 5 ORANJESTAD<br>NETHERLAND ANTILLES,              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PS<br>TRAVIESO, JOSE R JR<br>250 CATALONIA AV STE 605<br>MIAMI, FL 33134             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>TRAVIESO SILVA, JILL T<br>250 CATALONIA AVE., STE 605<br>CORAL GABLES, FL 33134 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

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05/09/07-80051-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Jose R Travieso Jr* **JOSE R TRAVIESO JR 4.19.07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #