2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90092 041 ***158.75

DOCUMENT # L64442

1. Entity Name
THE AMBASSADORS MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
801 BRICKELL BAY DRIVE SALES OFFICE MIAMI, FL 33131 US	801 BRICKELL BAY DRIVE BOX 5 MIAMI, FL 33131 US

04112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
801 Brickell Bay Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33131 Country: U.S.	Zip Country

4. FEI Number: 65-0243255 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENA, EMILIO GARCIA 825 BRICKELL BAY DRIVE BOX 5 MIAMI, FL 33131	Name: Emilio Garcia Mena Street Address (P.O. Box Number is Not Acceptable): 801 Brickell Bay Drive, Box 5 City: Miami **FL** Zip Code: 33131

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] Emilio Garcia Mena 4/11/05
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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENA, EMILIO GARCIA 801 BRICKELL BAY DRIVE, BOX 5 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] Emilio Garcia Mena 4/11/05 (305) 371-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #