2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 04, 2005 8:00 am Secretary of State 05-04-2005 90108 020 ***150.00 **DOCUMENT # P00000026282** CORPORATE INTERNATIONAL REGISTERED AGENTS. INC. Principal Place of Susiness Mailing Address 14016481 200 SOUTH BISCAYNE BLVD., SUITE 4100 200 SOUTH BISCAYNE BLVD., SUITE 4100 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 65-0989930 Not Applicable Zip Country 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 PARENTI, BETSY Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BLVD., SUITE 4100 MIAMI, FL 33131 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ■ Addition VALDES-FAULI, RAUL J ESQ NAME 200 S BISCAYNE BLVD STE 4100 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP MIAMI, FL 33131 CITY-ST-ZIF **DVPS** ☐ Delete TITLE ☐ Change Addition SERRALLES, JUAN NAME NAME STREET ADDRESS 200 S BISCAYNE BLVD STE 4100 STREET ADORESS CITY-ST-7IP MIAMI, FL 33131 CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE Delete FERNANDEZ-QUINCOCES, GUILLERMO NAME NAME 200 S BISCAYNE BLVD STE 4100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP VΡ ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME PARENTI, BETSY NAME STREET ADDRESS STREET ADDRESS 200 S. BISCAYNE BLVD. STE 4100 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP Change TITLE **DVPS** □ Delete TITLE ☐ Addition EAGAN, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 200 SOUTH BISCAYNE BLVD #4300 MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change

12. Thereby 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

FILED