

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000066730

**FILED  
Jul 01, 2005  
Secretary of State**

**Entity Name:** ATHLOS (U.S.) INVESTMENTS, INC.

**Current Principal Place of Business:**

1111 BRICKELL AVE  
SUITE 1300  
MIAMI, FL 33131

**New Principal Place of Business:**

777 BRICKELL AVE  
SUITE 1070  
MIAMI, FL 33131

**Current Mailing Address:**

P.O. BOX 45-0963  
MIAMI, FL 332450963

**New Mailing Address:**

**FEI Number:** 04-3688891      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONTELLO & KENNEY, P.A.  
777 BRICKELL AVENUE  
SUITE 1070  
MIAMI, FL 33131 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STAVRINIDES, MICHALIS  
Address: 1111 BRICKELL AVE., SUITE 1300  
City-St-Zip: MIAMI, FL 33131

Title: VD ( ) Delete  
Name: QUANT, ERNESTO  
Address: 1111 BRICKELL AVE., SUITE 1300  
City-St-Zip: MIAMI, FL 33131

Title: STD ( ) Delete  
Name: SEVILLA-SACASA, MARCELA  
Address: 1111 BRICKELL AVE., SUITE 1300  
City-St-Zip: MIAMI, FL 33131

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHALIS STAVRINIDES

PD

07/01/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date