## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000157377

US

Entity Name: EXPERTHINK INC.

MIAMI, FL 33131

FILED Apr 09, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

540 BRICKELL KEY DRIVE 540 BRICKELL KEY DRIVE

#1022 #921

MIAMI, FL 33131 MIAMI, FL 33131

**Current Mailing Address: New Mailing Address:** 

540 BRICKELL KEY DRIVE 540 BRICKELL KEY DRIVE #1022

# 921

MIAMI, FL 33131 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

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

ORTEGA, ELEAZAR S ORTEGA, ELEAZAR S 540 BRICKELL KEY DRIVE 540 BRICKELL KEY DRIVE #1022 #921

MIAMI, FL 33131 US MIAMI, FL 33131 US

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: ELEAZAR S ORTEGA 04/09/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

ORTEGA, ELEAZAR S ORTEGA, ELEAZAR S Name: Name: 540 BRICKELL KEY DRIVE, #1022 540 BRICKELL KEY DRIVE, #921 Address: Address:

City-St-Zip: MIAMI, FL 33131 US City-St-Zip: MIAMI, FL 33131 US

( ) Delete Title: DVPT Title: DVPT (X) Change ( ) Addition

ORTEGA, ANDREA Name: ORTEGA, ANDREA Name:

540 BRICKELL KEY DRIVE, #1022 Address: 540 BRICKELL KEY DRIVE, #921 Address:

City-St-Zip: MIAMI, FL 33131 US MIAMI, FL 33131 US 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: ELEAZAR S ORTEGA D.P 04/09/2006