2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000054826

Entity Name: ALEX BRENES, INC

FILED Mar 17, 2005 Secretary of State

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

ONE SOUTHEAST THIRD AVENUE 2525 PONCE DE LEON, STE 400 2200 SUNTRUST CENTER C/O ROBERT B. MACAÚLAY

MIAMI, FL 33131 MIAMI, FL 33134

Current Mailing Address: New Mailing Address:

JBC SJO NO. 6061 BOX 025240 MIAMI, FL 33102

FEI Number: 65-0427307 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MACAULAY, ROBERT B MITRANI, RÝNOR, ADAMSKY, MACAULAY & ZORRIL

ADORNO & YOSS 2525 PONCE DE LEON, SUITE 400 ONE SOUTHEAST THIRD AVENUE #2200 MIAMI, FL 33131 US

MIAMI, FL 33134 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: 03/17/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MACAULAY, ROBERT B

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

Name: BRENES, ALEX Name: BRENES, ALEX

ONE SOUTHEAST THIRD AVENUE #2200 2525 PONCE DE LEON BLVD., SUITE 400 Address: Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33134

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

Name: MACAULAY, ROBERT B. Name: MACAULAY, ROBERT B.

ONE SOUTHEAST THIRD AVENUE #2200 2525 PONCE DE LEON, SUITE 400 Address: Address:

MIAMI, FL 33131 MIAMI, FL 33134 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: AS () Delete AS JENKINS, FEDERICO JENKINS, FEDERICO Name: Name:

2525 PONCE DE LEON, SUITE 400 ONE SOUTHEAST THIRD AVE STE 2200 Address: Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33134

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: FEDERICO JENKINS AS 03/17/2005