2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:)

SIGNATURE AND TYPED OR PRINTE

Apr 25, 2005 08:00 AM Secretary of State DOCUMENT # P99000047435 1. Entity Name MIAMI RESORT RESĒŘVATION, INC. Mailing Address Principal Place of Business 615 BRICKELL KEY DRIVE 501 BRICKELL KEY DR, SUITE 407 MIAMI, FL 33131 MIAMI, FL 33131 03302005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0928522 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAJER, MARTHA DO NOT WRITE 615 BRICKELL KEY DR MIAMI, FL 33131 IN THIS SPACE 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 DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE. NAME DAYER, MARTHA U00000327643 STREET ADDRESS 601 BRICKELL KEY DR STE 802 04/25/05-80047-003 150.00 CITY-ST-7IP MIAMI, FL 33131 TITLE NAME VAZQUEZ, GERARDO A STREET ADDRESS 601 BRICKELL KEY DR STE 802 CITY - ST - ZIP MIAMI, FL 33131 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 eath; that I am an officer or director of the corporation or line receiver or mustee 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 white an address, with all other like empowered.

FOF SIGNING OFFICER OR DIRECTOR

FILED

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Daytime Phone #