

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90008 039 \*\*\*150.00

**DOCUMENT # F00000002679**

1. Entity Name

TERREMARK WORLDWIDE, INC.



Principal Place of Business

2601 S BAYSHORE DR  
COCONUT GROVE, FL 33133

Mailing Address

2601 S BAYSHORE DR  
COCONUT GROVE, FL 33133

54017362



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01072004

Chg-P

CR2E034 (10/03)

4. FEI Number

84-0873124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SICHTA, ROBERT D  
ADORNO & ZEDER PA  
2601 S BAYSHORE DR 16TH FLOOR  
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

ROBERT D. SICHTA

Street Address (P.O. Box Number is Not Acceptable)

2601 S. BAYSHORE DR., 9TH FLOOR

City

MIAMI

FL

Zip Code

33133

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

ROBERT D. SICHTA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

1/7/04

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	DP MEDINA, MANUEL D <input type="checkbox"/> Delete
STREET ADDRESS	2601 S BAYSHORE DR
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE NAME	D WRIGHT, JOSEPH R <input type="checkbox"/> Delete
STREET ADDRESS	2601 S BAYSHORE DR
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE NAME	D SCHLEICHER, JOEL A <input checked="" type="checkbox"/> Delete
STREET ADDRESS	2601 S BAYSHORE DR
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE NAME	D ROSEN, MARVIN S <input type="checkbox"/> Delete
STREET ADDRESS	2601 S BAYSHORE DR
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE NAME	D STARR, KENNETH I <input checked="" type="checkbox"/> Delete
STREET ADDRESS	2601 S BAYSHORE DR
CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE NAME	D ELWES, TIMOTHY <input type="checkbox"/> Delete
STREET ADDRESS	2601 S BAYSHORE DR
CITY-ST-ZIP	COCONUT GROVE, FL 33133

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D ARTHUR L. MONEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2601 S. BAYSHORE DR
CITY-ST-ZIP	MIAMI, FL 33133
TITLE NAME	D MIGUEL J. ROSENFELD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2601 S. BAYSHORE DR.
CITY-ST-ZIP	MIAMI, FL 33133
TITLE NAME	D RODOLFO A. RUIZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2601 S. BAYSHORE DR.
CITY-ST-ZIP	MIAMI, FL 33133
TITLE NAME	EVP JOSE SEGURA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2601 S. BAYSHORE DR.
CITY-ST-ZIP	MIAMI, FL 33133
TITLE NAME	VPS JOSE E GONZALEZ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2601 S. BAYSHORE DR.
CITY-ST-ZIP	MIAMI, FL 33133
TITLE NAME	AS ROBERT D. SICHTA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2601 S. BAYSHORE DR.
CITY-ST-ZIP	MIAMI, FL 33133

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 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.

SIGNATURE:

ROBERT D. SICHTA

ROBERT D. SICHTA, ASST. SECY 1/7/04 305-856-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #