


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000002679 1. Entity Name TERREMARK WORLDWIDE, INC.	
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Principal Place of Business 2601 S BAYSHORE DR COCONUT GROVE, FL 33133	Mailing Address 2601 S BAYSHORE DR COCONUT GROVE, FL 33133
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DO NOT WRITE IN THIS SPACE



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number 84-0873124	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SICHTA, ROBERT D
2601 S BAYSHORE DR
9TH FLOOR
MIAMI, FL 33133

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000290478 04/06/05-80066-023 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEDINA, MANUEL D 2601 S BAYSHORE DR COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, JOSEPH R 2601 S BAYSHORE DR COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SICHTA, ROBERT 2601 S BAYSHORE DR MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, MARVIN S 2601 S BAYSHORE DR COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANEY, ARTHUR L 2601 S BAYSHORE DR MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELWES, TIMOTHY 2601 S BAYSHORE DR COCONUT GROVE, FL 33133

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/6/05 Daytime Phone #: 305-856-3200