FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90145 042 ***550.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000080525

1. Entity Name
17149 CORPORATION

50063828

Principal Place of Business
155 OCEAN LANE DRIVE, #1105
KEY BISCAYNE, FL 33148

Mailing Address
155 OCEAN LANE DRIVE, #1105
KEY BISCAYNE, FL 33148

2. Principal Place of Business

3. Mailing Address

City & State

City & State

Zip | Country | Zip | Country

08032005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1131670

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALVARO CASTILLO B P A
1390 BRICKELL AVENUE
SUITE 200
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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] [signature] 8-29-05

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MANCINI DE CAMPBELL, LAURA		NAME	
STREET ADDRESS	155 OCEAN LANE DRIVE, #1105		STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, FERNANDO		NAME	
STREET ADDRESS	155 OCEAN LANE DRIVE, #1105		STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CASTILLO, ALVARO		NAME	
STREET ADDRESS	1390 BRICKELL AVENUE #200		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE: [signature] Fernando Campbell / Director 305 371-5540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR