

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 08:00 AM
Secretary of State

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
DO NOT WRITE IN THIS SPACE		
		01082006 No Chg-P CR2E034 (11/05)
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		1000000450862 03/10/06-80023-011 150.00
10. OFFICERS AND DIRECTORS		
TITLE	DP	
NAME	MEDINA, MANUEL D	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	D	
NAME	WRIGHT, JOSEPH R	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	AS	
NAME	SICHTA, ROBERT	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	
NAME	ROSEN, MARVIN S	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	D	
NAME	MANEY, ARTHUR L	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	
NAME	ELWES, TIMOTHY	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, President 2/27/06 305-856-3200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		