

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90367 036 \*\*\*158.75

40013100



03232006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0032379**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

TRUJILLO, IVAN E  
220 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134

## 7. Name and Address of New Registered Agent

Name  
**CTC Management Services, LLC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**220 Alhambra Circle, 11Th Floor**  
City  
**Coral Gables** FL Zip Code  
**33134**

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 Pedro Raul Parra **PEDRO RAUL Parra, Authorized Representative** **3-23-2006**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
MARTURET, GUSTAVO  
220 ALHAMBRA CIRCLE  
MIAMI, FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WILSON, MILLAR  
1307 CAMPO SANO AVE.  
CORAL GABLES, FL 33146 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COBO, JUAN S  
16530 SW 104TH AVE  
MIAMI, FL 33157 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
VILLAMIL, JOSE ANTONIO  
2655 LEJEUNE ROAD, SUITE 608  
CORAL GABLES, FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KRAYENBUEHL, THOMAS E  
220 ALHAMBRA CIRCLE  
MIAMI, FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
VILLAR, GUILLERMO  
220 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134 ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 reports 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/2006 (305) 460-8620  
Date Daytime Phone #