


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90322 026 ***150.00

DOCUMENT # 528289	
1. Entity Name POTOSI, INC.	

Principal Place of Business 200 S BISCAYNE BLVD. SUITE # 4100 MIAMI, FL 33131	Mailing Address RJUF CORPORATE SERVICES INC. 200 S BISCAYNE BLVD. ATE 4100 MIAMI, FL 33131
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50037525



01072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1747270	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORP INTERNATIONAL REGISTERED AGENTS INC C/O STEEL HECTOR & DAVIS LLP 200 SOUTH BISCAYNE BLVD. #4100 MIAMI, FL 33131		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, 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, 2005 Fee will be \$550.00

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 IN 11	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, RAFAEL Z	NAME	
STREET ADDRESS	200 S BISCAYNE BLVD STE 4100	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, RAFAEL	NAME	
STREET ADDRESS	200 S BISCAYNE BLVD STE 4100	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, SARA	NAME	
STREET ADDRESS	200 S BISCAYNE BLVD STE 4100	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, FEDERICO J	NAME	
STREET ADDRESS	200 S BISCAYNE BLVD STE 4100	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	ASV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPINOSA, HEBERTO	NAME	
STREET ADDRESS	3804 ALHAMBRA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #