2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# 856084

Entity Name: SAN PROPERTY, INC.

Current Principal Place of Business:

VIA GENERAL MICANOR A. DE OBARRIO
(CALLE 50) PLAZA BANCOMER
CICUDAD DE PANAMA,

New Principal Place of Business:

132 MINORCA
CORAL GABLES, FL 33134

Current Mailing Address:

C/O JOSE E. SMITH
130 MINORCA AVE
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 59-2266234 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, JOSE E
130 MINORCA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MONTES, JUAN A. G
Address: VIA GENERAL MICANOR A. DE OBARRIO
City-St-Zip: CICUDAD DE PANAMA,

Title: DVT ( ) Delete
Name: DE AGUIRRE, CLARISSA P
Address: VIA GENERAL MICANOR A. DE OBARRIO
City-St-Zip: CICUDAD DE PANAMA,

Title: DS ( ) Delete
Name: SOUSA, ELSA M
Address: VIA GENERAL MICANOR A. DE OBARRIO
City-St-Zip: CICUDAD DE PANAMA,

Title: AS ( ) Delete
Name: PAPPALARDO, MARIA TE, RESA
Address: VIA GENERAL MICANOR A. DE OBARRIO
City-St-Zip: CICUDAD DE PANAMA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change ( ) Addition
Name: PAPPALARDO, MARIA TE, RESA
Address: 132 MINORCA AVE
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA TERESA PAPPALARDO AS 04/25/2005

Electronic Signature of Signing Officer or Director — Date