

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 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



03092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-0873124 Applied For
Not Applicable

5. Certificate of Status Desired \$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 _____

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

1000000290478
04/06/05-80066-023 150.00

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

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

ROBERT D SICHTA, ASST. SECRETARY 4/6/05 305-856-3200