## 2005 FOR PROFIT CORPORATION

**FILED AM** e

ANNUAL REPORT				Feb 08, 2005 08:00 Secretary of Stat			
1. Entity Nam	MENT # F030000013			5	ecretar	y or Stat	
Principal Place of Business Mailing Address 40 WALL STREET, 33RD FLOOR NEW YORK, NY 10005-1305 NEW YORK, NY 10005-1305		R				<b>           </b>	
D	OO NOT WRITE	CE	01052005 4. FEI Numb 13-378	No Chg-P	CR2E034 (1		
<del></del>	6. Name and Address of Current Re	gistered Agent					
PRIORE, HUGO DEL BANIF FINANCIAL SERVICES, INC. 1001 BRICKELL BAY DRIVE, SUITE 1712 MIAMI, FL 33131					NOT W		
	, _ / 1		j				
8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered againt.  SIGNATURE  Signalury to peel or printed name of registered against and like if applicable (NOTE. Registered)			ed office or register  d Agent signature required		oth, in the State of F	1 -1	ar with, and accept
FILE NOWIL! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			· · ·	00 May Be ed to Fees			
10.	ÖFFICERS AND DIS	RECTORS	<u> </u>				* **** z.* ==
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PMB REXING, GEORGE E C/O 40 WALL STREET NEW YORK, NY 100051305					<u></u> ,	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	VTSM KAILER, RICHARD C/O 40 WALL STREET NEW YORK, NY 100051305				U0001 02/08/0	00219831 5-80044-01	12 150.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP	VSC KAILER, RICHARD C/O 40 WALL STREET, 33RD FLC NEW YORK, NY 100051305	OOR			NOT W	VRITE	··
TITLE NAME STREET ADDRESS CITY+ST-ZIP	C FERNANDEZ, ARTUR C/O 40 WALL STREET NEW YORK, NY 100051305			=IN	THIS S	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TELXEIRA, NUNO C/O 40 WALL STREET NEW YORK, NY 100051305		-			<del></del>	
TITLE	D	— —	<del></del>	<del></del>			

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 supplier that I am an officer or director of the corporation or the receiver or distance 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:

NAME

CITY - ST - ZIP

COELHO, PEDRO P

NEW YORK, NY 100051305

STREET ADDRESS | C/O 40 WALL STREET

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daytime Phone #