



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

|   |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
|---|----------------------|---|---|--|--|-------|-----|---------------------------------|------|-----------------|--|----------------|----------------------|--|----------------|-----------|--|-------|----|---------------------------------|------|---------------|--|----------------|--------------------|--|----------------|-----------|--|-------|--|---------------------------------|------|--|--|----------------|--|--|----------------|--|--|-------|--|---------------------------------|------|--|--|----------------|--|--|----------------|--|--|-------|--|---------------------------------|------|--|--|----------------|--|--|----------------|--|--|-------|--|---------------------------------|------|--|--|----------------|--|--|----------------|--|--|---|--|-------|--|---|------|--|--|----------------|--|--|----------------|--|--|-------|--|---|------|--|--|----------------|--|--|----------------|--|--|-------|--|---|------|--|--|----------------|--|--|----------------|--|--|-------|--|---|------|--|--|----------------|--|--|----------------|--|--|
| <b>DOCUMENT # F61803</b><br>1. Entity Name<br>INVESTCO BROKERAGE, INC.  |                      |   |   |   |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| Principal Place of Business<br>780 NW 42 AVE<br>STE 422<br>MIAMI, FL 33126 US   |                      |   | Mailing Address<br>9994 SW 31ST TERRACE<br>MIAMI, FL 33165 US |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country   |                      | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                       |   |    |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| 4. FEI Number<br>02122005      Chg-P      CR2E034 (10/03)<br>59-2159482   |                      |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |                      |   |   | 6. Name and Address of Current Registered Agent<br><br>BERRIZ, ARMANDO<br>9994 SW 31ST TERRACE<br>MIAMI, FL 33165  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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.<br><br>SIGNATURE: _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   | 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PDS</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BERRIZ, ARMANDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9994 SW 31ST TERRACE</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>MIAMI, FL</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">VD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BERRIZ, NOYLA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9994 SW 31 TERRACE</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>MIAMI, FL</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table> |  | TITLE | PDS | <input type="checkbox"/> Delete | NAME | BERRIZ, ARMANDO |  | STREET ADDRESS | 9994 SW 31ST TERRACE |  | CITY-STATE-ZIP | MIAMI, FL |  | TITLE | VD | <input type="checkbox"/> Delete | NAME | BERRIZ, NOYLA |  | STREET ADDRESS | 9994 SW 31 TERRACE |  | CITY-STATE-ZIP | MIAMI, FL |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-STATE-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-STATE-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-STATE-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY-STATE-ZIP |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table> <div style="text-align: center; padding: 5px;">             UN00000270953 <input type="checkbox"/> Change    <input type="checkbox"/> Addition<br/>             03/21/05-80027-020 150.00           </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table> |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-STATE-ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-STATE-ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-STATE-ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-STATE-ZIP |  |  |
| TITLE   | PDS                  | <input type="checkbox"/> Delete   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| NAME  | BERRIZ, ARMANDO      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| STREET ADDRESS  | 9994 SW 31ST TERRACE |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| CITY-STATE-ZIP  | MIAMI, FL            |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| TITLE   | VD                   | <input type="checkbox"/> Delete   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| NAME  | BERRIZ, NOYLA        |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| STREET ADDRESS  | 9994 SW 31 TERRACE   |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| CITY-STATE-ZIP  | MIAMI, FL            |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| TITLE   |                      | <input type="checkbox"/> Delete   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| NAME  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| STREET ADDRESS  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| CITY-STATE-ZIP  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| TITLE   |                      | <input type="checkbox"/> Delete   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| NAME  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| STREET ADDRESS  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| CITY-STATE-ZIP  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| TITLE   |                      | <input type="checkbox"/> Delete   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| NAME  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| STREET ADDRESS  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| CITY-STATE-ZIP  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| TITLE   |                      | <input type="checkbox"/> Delete   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| NAME  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| STREET ADDRESS  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| CITY-STATE-ZIP  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| NAME  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| STREET ADDRESS  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| CITY-STATE-ZIP  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| NAME  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| STREET ADDRESS  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| CITY-STATE-ZIP  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| NAME  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| STREET ADDRESS  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| CITY-STATE-ZIP  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| NAME  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| STREET ADDRESS  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| CITY-STATE-ZIP  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| 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. |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small><br><div style="display: flex; justify-content: space-between;"> <span>Armando Berriz</span> <span>President</span> <span>3/18/05 305-553-0581</span> </div>  |                      |   |   |  |  |       |     |                                 |      |                 |  |                |                      |  |                |           |  |       |    |                                 |      |               |  |                |                    |  |                |           |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |       |  |                                 |      |  |  |                |  |  |                |  |  |   |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |       |  |   |      |  |  |                |  |  |                |  |  |