2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# F94000004805

Entity Name: LA TISI, S.A.

Current Principal Place of Business:

COSTA RICA
P.O. BOX 10030-1000
SAN ROSE,

New Principal Place of Business:

200 SOUTH BISCAYNE BOULEVARD
SUITE # 4440
MIAMI, FL 33131 US

Current Mailing Address:

% HAROLD CHOPP, P.A.
200 S. BISCAYNE BLVD, SUITE 4950
MIAMI, FL 33131

New Mailing Address:

% HAROLD CHOPP, P.A.
200 S. BISCAYNE BLVD, SUITE 4440
MIAMI, FL 33131

FEI Number: 98-0059590 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHOPP, HAROLD ESQ.
200 S. BISCAYNE BLVD
SUITE 4950
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

CHOPP, HAROLD ESQ.
200 S. BISCAYNE BLVD
SUITE 4440
MIAMI, FL 33131 US

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: _____ 04/20/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ESQUIVEL, MARTA EUGENIA H
Address: % HAROL CHOPP, ESQ.,200 S. BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33131

Title: P ( ) Delete
Name: CALDERON, ROBERTO
Address: % HAROL CHOPP, ESQ.,200 S. BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: HAROLD CHOPP RA 04/20/2005
Electronic Signature of Signing Officer or Director — Date