## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G08519

Mar 21, 2007 Secretary of State

Entity Name: TERREMARK MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:** New Principal Place of Business:

2601 S. BAYSHORE DR. 2601 SOUTH BAYSHORE DRIVE

9TH FLOOR SUITE 900

MIAMI, FL 33133 MIAMI, FL 33133 US

**Current Mailing Address:** New Mailing Address:

2601 S. BAYSHORE DR. 2601 SOUTH BAYSHORE DRIVE 9TH FLOOR

SUITE 900 MIAMI, FL 33133 US MIAMI, FL 33133

FEI Number: 59-2298159 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD

#221E PALM BEACH GARDENS, FL 33410 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

**FILED** 

Title: ( ) Delete Title: (X) Change ( ) Addition

MEDINA, MANUEL D., MEDINA, MANUEL D. Name: Name:

2601 SOUTH BAYSHORE DRIVE, 9TH FL 2601 SOUTH BAYSHORE DRIVE, SUITE 900 Address: Address:

City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33133

Title: DP Title: DVP () Delete (X) Change ( ) Addition

SEGRERA, JOSE Name: Name: SEGRERA, JOSE A.

2601 SOUTH BAYSHORE DRIVE, 9TH FL 2601 SOUTH BAYSHORE DRIVE, SUITE 900 Address: Address:

MIAMI, FL 33133 City-St-Zip: City-St-Zip: MIAMI, FL 33133

Title: Title: ( ) Delete (X) Change ( ) Addition

SMITH, ADAM T SMITH, ADAM T. Name: Name:

2601 S BAYSHORE DR., STE. 900 2601 SOUTH BAYSHORE DRIVE, SUITE 900 Address Address:

City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ADAM T. SMITH S 03/21/2007