

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G97760

FILED  
Mar 02, 2011  
Secretary of State

**Entity Name:** INVESTACORP ADVISORY SERVICES, INC.

**Current Principal Place of Business:**

15450 NEW BARN ROAD  
203  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

4400 BISCAYNE BLVD  
11TH FLOOR  
MIAMI, FL 33137

**Current Mailing Address:**

15450 NEW BARN ROAD  
203  
MIAMI LAKES, FL 33014

**New Mailing Address:**

4400 BISCAYNE BLVD  
11TH FLOOR  
MIAMI, FL 33137

**FEI Number:** 59-2395469

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FARRELL, PATRICK  
Address: 4400 BISCAYNE BLVD 11TH FLOOR  
City-St-Zip: MIAMI, FL 33137

Title: EVPT  
Name: MANTECON, ASELA  
Address: 4400 BISCAYNE BLVD 11TH FLOOR  
City-St-Zip: MIAMI, FL 33137

Title: D  
Name: KAUFMAN, BRETT  
Address: 4400 BISCAYNE BLVD 12TH FLOOR  
City-St-Zip: MIAMI, FL 33137

Title: D  
Name: GIOVANNIELLO, JOSEPH  
Address: 4400 BISCAYNE BLVD 12TH FLOOR  
City-St-Zip: MIAMI, FL 33137

I hereby 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 all other like empowered.

SIGNATURE: ASELA MANTECON

EVPT

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date