2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

Jan 14, 2005 08:00 AM **DOCUMENT # J58373 Secretary of State** 1. Entity Name INVERTEC CORP. Mailing Address Principal Place of Business 777 BRICKELL AVE #1020 777 BRICKELL AVE #1020 #1390 #1390 MIAMI, FL 33131-7114 US MIAMI, FL 33131-7114 01102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 59-2797394 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWN, LEWIS N. DO NOT WRITE 2 SOUTH BISCAYNE BLVD **SUITE 1946** IN THIS SPACE MIAMI, FL 33131 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **TITLE** URRUELA, JUAN F. NAME 1000000181140 STREET ADDRESS 777 BRICKELL AVE #1390 01/14/05-80032-021 158.75 CITY-ST-71P MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MILL NAME STREET ADDRESS CTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 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.

TYPED OR PRINTED NAME OF

FILED