2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J64001

Jan 28, 2008 Secretary of State

Entity Name: MIAMI FREE ZONE MANAGEMENT SERVICES CORPORATION

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

C/O MARIA CAMILA LEIVA C/O MARIA CAMILA LEIVA 1550 MADRUGA AVENUE SUITE 406 6705 RED ROAD STE 503 CORAL GABLES, FL 33146

CORAL GABLES, FL 33143 US

Current Mailing Address: New Mailing Address:

C/O MARIA CAMILA LEIVA C/O MARIA CAMILA LEIVA 6705 RED ROAD STE 503 1550 MADRUGA AVENUE SUITE 406 CORAL GABLES, FL 33146 CORAL GABLES, FL 33143 US

FEI Number: 59-2796272 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:

LEIVA, MARIA C LEIVA, MARIA C 1550 MADRUGA AVENUE 6705 RED ROAD SUITE 406 SUITE 503

CORAL GABLES, FL 33146 US CORAL GABLES, FL 33143 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: 01/28/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED

Title: () Delete Title: (X) Change () Addition LEIVA, MARIA CAMILA LEIVA, MARIA CAMILA Name:

Name: 1550 MADRUGA AVENUE SUITE 406 Address: 6705 RED ROAD STE 503 Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip: CORAL GABLES, FL 33143

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

Name: LEIVA. GERMAN Name: LEIVA, GERMAN

1550 MADRUGA AVENUE SUITE 406 Address: 6705 RED ROAD STE 503 Address: City-St-Zip: CORAL GABLES, FL 33146 CORAL GABLES, FL 33143 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARIA CAMILA LEIVA 01/28/2008 S