2005 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED Mar 23, 2005 08:00 AM DOCUMENT # J87267 **Secretary of State** 1. Entity Name INVESTAMAR INTERNATIONAL, INC. Principal Place of Business Mailing Address 8033 NW 36TH ST 8033 NW 36TH ST SUITE 440 SUITE 440 MIAMI SPRINGS, FL 33166 MIAMI SPRINGS, FL 33166 02042005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2835588 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ſΠ Fee Required 6. Name and Address of Current Registered Agent ISICOFF & RAGATZ, P.A. DO NOT WRITE 1101 BRICKELL AVENUE SUITE 800 SOUTH TOWER 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 **\$5.00** May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME RIBADENEIRA, DIEGO STREET ADDRESS 8033 NW 36TH ST #440 CITY-ST-ZIP MIAMI SPRINGS, FL 33166 TITLE NAME RIBADENEIRA, DANIELA U00000273535 03/23/05-80032-020 150,00 STREET ADDRESS 8033 NW 36TH ST #440 CITY-ST-ZIP MIAMI SPRINGS, FL 33166 TITLE MENENDEZ, GEORGINA NAME 8033 NW 36TH ST #440 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MIAMI SPRINGS, FL 33166 IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 ecute 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.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP