

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K50514

FILED
May 20, 2005
Secretary of State

Entity Name: PIVOT CORPORATION

Current Principal Place of Business:

2 SOUTH BISCAYNE BLVD.
STE. 3400
MIAMI, FL 33131

New Principal Place of Business:

881 OCEAN DR.
APT 23H
KEY BISCAYNE, FL 33149

Current Mailing Address:

2 SOUTH BISCAYNE BLVD.
STE. 3400
MIAMI, FL 33131

New Mailing Address:

881 OCEAN DR.
APT 23H
KEY BISCAYNE, FL 33149

FEI Number: 65-0095875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES-FAULI CORP SVCS INC
2 SOUTH BISCAYNE BLVD.
STE. 3400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

JARAMILLO, CARLOS E
1401 N.W. 78TH AVE
SUITE 202
MIAMI, FL 33126 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: CARLOS E. JARAMILLO

05/20/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: CAICEDO, ALVARO JOSE, LLOREDA
Address: 2 S. BISCAYNE BLVD., #3400
City-St-Zip: MIAMI, FL 33131

Title: DVS () Delete
Name: DAVILA ORTIZ, CLAUDIA
Address: 2 S. BISCAYNE BLVD, #3400
City-St-Zip: MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: LLOREDA, ALVARO J
Address: 881 OCEAN DR. APT 23H
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DS (X) Change () Addition
Name: DAVILA O., CLAUDIA
Address: 881 OCEAN DR. APT. 23H
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DV () Change (X) Addition
Name: JARAMILLO, CARLOS E
Address: 1401 N.W. 78TH AVE SUITE 202
City-St-Zip: MIAMI, F 33126

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALVARO J. LLOREDA

DPT

05/20/2005

Electronic Signature of Signing Officer or Director

Date