

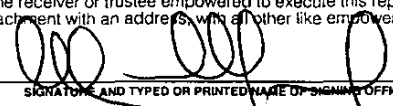


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # K98966</b> 1. Entity Name <b>400 ALHAMBRA CIRCLE CORPORATION</b>						<b>FILED</b> <b>05 JUN 14 AM 10: 52</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>C/O PACIFIC RG MGMT CORP.</b> <b>2600 DOUGLAD RD #1004</b> <b>CORAL GABLES, FL 33134 US</b>				Mailing Address <b>C/O PACIFIC RG MGMT CORP.</b> <b>2600 DOUGLAD RD #1004</b> <b>CORAL GABLES, FL 33134 US</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>MURAI, WALD, BIONDO, &amp; MORENO, PA</b> <b>900 INGRAHAM BLDG.</b> <b>25 SOUTHEAST 2ND AVENUE</b> <b>MIAMI, FL 33131</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b> Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD			TITLE	<div style="border: 1px solid black; padding: 2px;"> <b>000056398360</b>  <b>06/21/05--01058--001 **\$61.25</b> </div>		
NAME	ISAIAS, ROBERTO			NAME			
STREET ADDRESS	2600 DOUGLAS RD #1004			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP			
TITLE	VDT			TITLE			
NAME	ISAIAS, WILLIAM			NAME			
STREET ADDRESS	2600 DOUGLAS RD #1004			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP			
TITLE	VDS			TITLE			
NAME	ISAIAS, ESTEFANO			NAME			
STREET ADDRESS	2600 DOUGLAS RD #1004			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP			
TITLE	O			TITLE			
NAME	CARMEN MORIA, MARIA DEL			NAME			
STREET ADDRESS	2600 DOUGLAS ROAD, STE 1004			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33139			CITY-ST-ZIP			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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.							
<b>SIGNATURE:</b> 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	