## FILED

## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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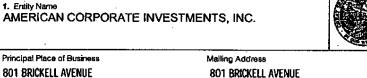
SECRETARY OF STATE TALLAHASSEE, FLORIDA

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1. Entity Name

16TH FLOOR MIAMI, FL 33131



16TH FLOOR

MIAMI, FL 33131



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CR2E034 (11/05) 01222007 - No Chg-P 4. FEI Number

Applied For 65-0138166 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS 1200 S PINE ISLAND ROAD PLANTATION, FL 33324

Denverenza in the service

| SIGNATURE  | his or he  | 05 <del>/2</del> 2/   | /0701025008 **1700.00 |  |  |  |
|--|--|---|-----------------------|--|--|--|
| JIGHANONE.   |  | gistered Agent signature required when reinstating)   | DATE                  |  |  |  |
| FILE NOWH: FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Foos  |  |   |                       |  |  |  |
| 10.  | OFFICERS AND DIRECTORS   |   |                       |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | DPST OTADUY, JAVIER MONTE CARLO STAR,15BD PRINCE LOUIS II MONTE CARLO, MONACO, |   |                       |  |  |  |
| DITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   | NOEWRIE               |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | J. J  | noewrite 1            |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   | <b>に関する。これに関うした。</b>  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |                       |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | STEEL |                       |  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |  |   |                       |  |  |  |

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