

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M49346

Entity Name: TERRAFORMA COMPANY

FILED  
Jan 30, 2006  
Secretary of State

**Current Principal Place of Business:**

9055 SW 56TH CT  
CORAL GABLES, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

9055 SW 56TH CT  
CORAL GABLES, FL 33156 US

**New Mailing Address:**

FEI Number: 65-0010183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEL RIO, FRED A  
310 UNIVERSITY DR.  
MIAMI, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DEL RIO, CHIAVACCI O  
Address: 9055 S.W. 56TH COURT  
City-St-Zip: CORAL GABLES, FL 33156

Title: SD ( ) Delete  
Name: DEL RIO, FRED A  
Address: 310 UNIVERSITY DRIVE  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: OFELIA CHIAVACCI

PD

01/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date