

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # M65884

1. Entity Name
PRS INTERNATIONAL INVESTMENT ADVISORY
SERVICES, INC.



Principal Place of Business

801 BRICKELL AVE
16TH FLOOR
MIAMI, FL 33131

Mailing Address

801 BRICKELL AVE
16TH FLOOR
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0076373

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, JOHN S III
801 BRICKELL AVE.
16TH FLOOR
MIAMI, FL 33131

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000299913
04/11/05-80126-012 150.00

10. OFFICERS AND DIRECTORS

TITLE PDST
NAME SULLIVAN, JOHN S., III
STREET ADDRESS 801 BRICKELL AVENUE, 16TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE D
NAME RODRIQUEZ-FRAILE, GONZALO
STREET ADDRESS 801 BRICKELL AVE. 16TH FLOOR
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/05

Date

305-381-8340

Daytime Phone #