2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# M96872

Name:

Address:

City-St-Zip:

LARA, MARIA V

ONE ALHAMBRA CIRCLE, APT #403

CORAL GABLES, FL 33134

Entity Name: TERRY OF FLORIDA, INC.

FILED May 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: ONE ALHAMBRA CIRCLE, APT #403 CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** PO BOX 140956 CORAL GABLES, FL 331140956 FEI Number: 65-0078357 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANCHEZ-GALARRAGA, JORGE 1313 PONCE DE LEON BLVD STE 301 CORAL GABLES, FL 33134 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition LARA, ENRIQUE Name: Name: LARA, ENRIQUE ONE ALHAMBRA CIRCLE, APT #403 ONE ALHAMBRA CIRCLE, APT #403 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134 Title: PD Title: () Delete (X) Change () Addition Name: LARA, VALENTINA DE. Name: LARA, FRANCIS ONE ALHAMBRA CIRCLE, APT #403 ONE ALHAMBRA CIRCLE, APT #403 Address: Address: CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134 Title: (X) Change () Addition VD. () Delete Title: VD. LARA, FRANCIS BELLOSO, MARIA Name: Name: ONE ALHAMBRA CIRCLE, APT #403 ONE ALHAMBRA CIRCLE, APT #403 Address: Address: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: () Delete Title: () Change () Addition LARA, JUAN A Name: Name: Address: ONE ALHAMBRA CIRCLE, APT #403 Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: VTD Title: () Delete () Change () Addition AZPURUA, INES M Name: Name: 8930 WEST FLAGLER ST. APT 105 Address: Address: City-St-Zip: MIAMI, FL 33174 City-St-Zip: Title: () Delete Title: (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

JARAMILLO, MARIA T

CORAL GABLES, FL 33134

ONE ALHAMBRA CIRCLE, APT #403

SIGNATURE: ENRIQUE LARA VP 05/16/2008