

NU 300 0000916

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY -1 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 061678877
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

A. de Goytisolo P.A.
1550 Madruga Ave, ste. 403
Coral Gables FL, 33146-3019

DO NOT WRITE
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 BK 400103096294
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 05/23/07--01013--019 04/25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D-P-S A. de Goytisolo P.A.
NAME de Goytisolo, Agustin
STREET ADDRESS 1550 Madruga Ave, ste. 403
CITY-ST-ZIP Coral Gables FL, 33146-3019

TITLE D-T
NAME Juan M. Hernandez PhD
STREET ADDRESS 101 Ocean Lane Dr. #2011
CITY-ST-ZIP Key Biscayne FL 33149

TITLE D-AS
NAME Ricardo H. Pacheco CMO
STREET ADDRESS 8025 SW 90th Terrace
CITY-ST-ZIP Miami FL 33156

TITLE Michael F. B. B. B.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/07 6619799
Date Daytime Phone #