2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005
Secretary of State

DOCUMENT# P00000050170

Entity Name: INSTITUTIONAL DEPOSITS CORP.(SR)

Current Principal Place of Business:

2103 CORAL WAY
SUITE 202
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2103 CORAL WAY
SUITE 202
MIAMI, FL 33145

New Mailing Address:

FEI Number: 65-1063829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURDETTE, WILLIAM R
2103 CORAL WAY
SUITE 202
MIAMI, FL 33145 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: COLOMA, JORGE H
Address: 2103 CORAL WAY, SUITE 202
City-St-Zip: MIAMI, FL 33145

Title: CD ( ) Delete
Name: BURDETTE, WILLIAM
Address: 6795 SW 74TH STREET
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D (X) Delete
Name: KILNES, JOMAR
Address: LYFORD CAY CENTRE #3/PO BOX N-7776
City-St-Zip: NASSAU, BAHAMAS,

Title: S (X) Delete
Name: COLOMA-DAVILA, VIVIAN
Address: 2013 CORAL WAY, SUITE 202
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: BURDETTE, WILLIAM R
Address: 2103 CORAL WAY, SUITE 202
City-St-Zip: MIAMI, FL 33145

Title: D (X) Change ( ) Addition
Name: KILNES, JOMAR
Address: LYFORD CAY CENTRE #3/PO BOX N-7776
City-St-Zip: NASSAU, BAHAMAS, BA BA

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 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 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: WILLIAM R. BURDETE PSD 03/23/2005

Electronic Signature of Signing Officer or Director — Date