

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90187 031 ***150.00

DOCUMENT # P0000055453
 1. Entity Name
 FERNWOOD TROPICAL ESTATE, INC.



Principal Place of Business Mailing Address
 CORBERT ALLEN LAW STE 1014 MAM, FL 33131
 CORBERT ALLEN LAW STE 1014 MAM, FL 33131



2. Principal Place of Business 3. Mailing Address
 c/o 1441 Brickell Ave 1441 Brickell Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 1400 Suite 1400

04272005 Chg-P CR2E034 (10/03)

City & State City & State
 Miami, FL Miami, FL
 Zip Country Zip Country
 33131 Country 33131 Country

4. FEI Number Applied For
 65-1014937 Not Applicable

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

6. Name and Address of Current Registered Agent
 ALLEN LAW, ROBERT
 1441 BRICKELL AVE STE 1014
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name Robert Allen Law
 Street Address (P.O. Box Number is Not Acceptable) 1441 Brickell Ave
 Suite 1400
 City Miami FL Zip Code 33131

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 _____ By: Umberto Bonavita, Asst. Vice President 4/27/05
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

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	RIVA, JAVIER M	
STREET ADDRESS	1441 BRICKELL AVE STE 1014	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	REGALADO, BLANCA G	
STREET ADDRESS	1441 BRICKELL AVE STE 1014	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	SS	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, ROBERT N JR	
STREET ADDRESS	1441 BRICKELL AVE STE 1014	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVA, JAVIER M	
STREET ADDRESS	1441 BRICKELL AVE, STE 1400	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGALADO, BLANCA G	
STREET ADDRESS	1441 BRICKELL AVE, STE 1400	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	SS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONAVITA, UMBERTO	
STREET ADDRESS	1441 BRICKELL AVE, STE 1400	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied in 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: _____ UMBERTO BONAVITA, 4/27/05 305-372-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #