2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90115 035 ***150.00

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1. Entity Name
CTCOP MIAMI INC.

Principal Place of Business	Mailing Address
1390 BRICKELL AV.E STE. 200 MIAMI, FL 33131	1390 BRICKELL AV.E STE. 200 MIAMI, FL 33131

04182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1114 South Douglas Rd.	1114 South Douglas Rd.
Suite, Apt. #, etc. 6	Suite, Apt. #, etc. 6
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33134 Country USA	Zip 33134 Country USA

4. FEI Number 65-1033876 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AGRAMUNT, LUIS 1390 BRICKELL AVE. STE. 200 MIAMI, FL 33131	Name Agramunt, Luis Street Address (P.O. Box Number is Not Acceptable) 1114 S. Douglas Rd. Suite 6 City Coral Gables, FL FL Zip Code 33134

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 Luis Agramunt. 04/28/05 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, SERGIO MARRERO 1390 BRICKELL AVE., STE. 200 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1114 S. Douglas Rd. Suite 6 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: SERGIO MARRERO (DOD) 04/28/05 (305) 668-3077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #