

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90240 001 \*\*\*600.00

**DOCUMENT # P01000076256**

1. Entity Name

**LA PAMPA BEACH, INC.**

Principal Place of Business  
**c/o Leonardo Gravier**

Mailing Address  
**c/o Leonardo Gravier**

2. Principal Place of Business  
**201 Alhambra Circle**

3. Mailing Address  
**201 Alhambra Circle**

Suite, Apt. #, etc.  
**Suite 901**

Suite, Apt. #, etc.  
**Suite 901**

City & State  
**Coral Gables, FL**

City & State  
**Coral Gables, FL**

4. FEI Number  
**65-1126884**

Applied For  
**Not Applicable**

Zip  
**33134**

Country  
**US**

Zip  
**33134**

Country  
**US**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and address of New Registered Agent

Name

**Jose A. Rodriguez, Esq.**

Street Address (P.O. Box Number is Not Acceptable)

**100 S.E. Second Street**

**Suite 2900**

City

**Miami**

FL

Zip

**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.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$150.00  
DUE BY MAY 1, 2005**

**Make Check Payable to  
Florida Department of State**

9. MANAGING MEMBERS/ MEMBERS

10. ADDITIONS/ CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**D** ☒ Delete  
**Garfunkel, Rafael Augusto**  
**150 Alhambra Circle, Suite 800**  
**Coral Gables, FL 33134**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**D** ☒ Delete  
**Moreno, Maria Roberta**  
**150 Alhambra Circle, Suite 800**  
**Coral Gables, FL 33134**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**PS** ☐ Delete  
**Garfunkel, Rafael A**  
**150 Alhambra Circle, Suite 800**  
**Coral Gables, FL 33134**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**DPS** ☒ Change ☐ Addition  
**Garfunkel, Rafael A**  
**100 SE 2<sup>nd</sup> Street, Suite 2900**  
**Miami, FL 33131**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**VPT** ☐ Delete  
**Moreno, Maria Roberta**  
**150 Alhambra Circle, Suite 800**  
**Coral Gables, FL 33134**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**DVPT** ☒ Change ☐ Addition  
**Moreno, Maria Roberta**  
**100 SE 2<sup>nd</sup> Street, Suite 2900**  
**Miami, FL 33131**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-1-05

3054233424