

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080525

Entity Name: 17149 CORPORATION

FILED
Jun 13, 2006
Secretary of State

Current Principal Place of Business:

155 OCEAN LANE DRIVE, #1105
KEY BISCAYNE, FL 33148

New Principal Place of Business:

Current Mailing Address:

155 OCEAN LANE DRIVE, #1105
KEY BISCAYNE, FL 33148

New Mailing Address:

1390 BRICKELL AVENUE
SUITE 200
MIAMI, FL 33149

FEI Number: 65-1131670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVARO CASTILLO B P A
1390 BRICKELL AVENUE
SUITE 200
MIAMI, FL 33131 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MANCINI DE CAMPBELL, LAURA
Address: 155 OCEAN LANE DRIVE, #1105
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: CAMPBELL, FERNANDO
Address: 155 OCEAN LANE DRIVE, #1105
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S () Delete
Name: CASTILLO, ALVARO
Address: 1390 BRICKELL AVENUE #200
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: FERNANDO CAMPBEL

D

06/13/2006

Electronic Signature of Signing Officer or Director

Date