2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P01000090061** 02-23-2005 90152 001 ***450.00 M.O. TEQUESTA INVESTMENT CORP. Principal Place of Business Mailing Address 1500 SAN REMO AVE SUITE 103 1500 SAN REMO AVE SUITE 103 66002544 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 CR2E034 (10/03) 02172005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1139162 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARED ADN ASSOC., P.A. DO NOT WRITE 1500 SAN REMO AVE SUITE 103 CORAL GABLES, FL 33146 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE D ORACIO OPEN, MARCELO NAME STREET ADDRESS 1500 SAN REMO AVE SUITE 103 CORAL GABLES, FL 33146 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

NAMÉ STREET ADDRESS CITY-ST-ZIP

M.Open D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/05 3056666011

FILED Feb 23, 2005 8:00 am