

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000067878

FILED
May 02, 2005
Secretary of State

Entity Name: QUINTA PALMERAS HOLDINGS INC.

Current Principal Place of Business:

1500 SAN REMO AVE
103
CORAL GABLES, FL 33146

New Principal Place of Business:

2121 PONCE DE LEON BLVD
SUITE 1050
CORAL GABLES, FL 33134

Current Mailing Address:

1500 SAN REMO AVE
103
CORAL GABLES, FL 33146

New Mailing Address:

2121 PONCE DE LEON BLVD
SUITE 1050
CORAL GABLES, FL 33134

FEI Number: 04-3746131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARED, PABLO R ESQ
1500 SAN REMO AVE
103
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD
SUITE 1050
CORAL GABLES, FL 33134 US

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: ANTONIO GARCIA

05/02/2005

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: PD () Delete
Name: LONDONO, GUILLERMO
Address: CALLE 77 #7-61 APTY 301
City-St-Zip: BOGOTA, COLOMBIA,

Title: STVD (X) Delete
Name: LONDONO, JESUS
Address: CALLE 77 #7-61 APTY 301
City-St-Zip: BOGOTA, COLOMBIA,

Title: S (X) Delete
Name: LONDONO, GINA
Address: 1500 SAN REMO AVE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: VIVES, MAURICIO
Address: 2121 PONCE DE LEON BLVE SUITE 1050
City-St-Zip: CORAL GABLES, FL 33134 US

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 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 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: MAURICIO VIVES

PSD

05/02/2005

Electronic Signature of Signing Officer or Director

Date