

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90037 002 ***150.00

DOCUMENT # P02000068686

1. Entity Name
ERN ADVISORS, INC.



Principal Place of Business

201-S-BISCAYNE BLVD.
SUITE 2000
MIAMI, FL 33131

Mailing Address

201-S-BISCAYNE BLVD.
SUITE 2000
MIAMI, FL 33131

50002012



2. Principal Place of Business - No P.O. Box #

200 S. Biscayne Blvd

Suite, Apt. #, etc.

Suite # 3900

City & State

3. Mailing Address

200 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite # 3900

City & State

02122008

Chg-P

CR2E034 (12/06)

4. FEI Number

30-0107758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

AUERBACH, MARC H ESQ.
201-S-BISCAYNE BLVD.
SUITE 2000
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

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

200 S. Biscayne Blvd.

Suite # 3900

City

FL

Zip Code

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

Marc Auerebach

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
NARCISO, ENRIQUE
2655 LEJEUNE RD 400 412
CORAL GABLES, FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/07

3056682242

Date

Daytime Phone #