2005 FOR PROFIT CORPORATION

SIGNATURE:

Jan 20, 2005 8:00 am **Secretary of State ANNUAL REPORT** DOCUMENT # P02000103676 01-20-2005 90033 029 ***150.00 1. Entity Name UMTALI INC. Mailing Address Principal Place of Business 1428 BRICKELL AVENUE 1428 BRICKELL AVENUE **SUITE 206** SUITE 206 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 601 Brickell Key Drive 601 Brickell Key Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 CR2E034 (10/03) Cha-P Suite 201 Suite 201 Applied For 4. FEI Number _City & State City & State Miami, Florida Miami, Florida 02-0701515 Not Applicable Country Country \$8.75 Additional 33131 5. Certificate of Status Desired 33131 USA LISA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RENALDY J. GUTTERREZ MANGUART, JULIO ESQ. Street Address (P.O. Box Number is Not Acceptable) 1428 BRICKELL AVENUE 601 Brickell Key Drive **SUITE 206** MIAMI, FL 33131 Suite 201 Miami 33131 8. The above narged entity submits this statement for the purpose of changiny its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regis red agent. GU 1-13-05 RENALDY J. GUITERREZ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of reg FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. D,P,V,T,S X Change ☐ Addition ☐ Delete TITLE TITLE NAME SPAEY, ALAIN NAME SPAEY, ALAIN 1428 BRICKELL AVENUE STREET ADDRESS STREET ADDRESS 601 Brickell Key Drive, Ste. 201 Miami, Florida 33131 MIAMI, FL 33131 CITY-ST-7IP CITY-ST-ZIP ☐ Change K Addition ☐ Delete TITLE TITLE NAME RENALDY J. GUTTERREZ NAME STREET ADDRESS STREET ADDRESS 601 Brickell Key Drive, Ste. 201 CITY-ST-ZIP CITY-ST-7IP <u> Miami, Florida 33131</u> ☐ Delete TITL F Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 this my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the leceiver of 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. 1-13-05 305-577-4500

RENALDY J. CUTTERREZ

FILED