2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

Apr 15, 2005 8:00 am Secretary of State **DOCUMENT # P03000026330** 1. Entity Name 04-15-2005 90240 001 ***600.00 W-2003,CORP. Principal Place of Business Mailing Address c/o Jose A. Rodriguez, Esq. c/o Jose A. Rodriguez, Esq. 66010257 2. Principal Place of Business 3. Mailing Address 100 SE 2nd Street Suite, Apt. #, etc. 100 SE 2nd Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE **Suite 2900 Suite 2900** City & State City & State Applied For 4. FEI Number Miami, FL Miami, FL 76-0726460 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 33131 33131 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and address of New Registered Agent Jose A. Rodriguez, Esq. Street Address (P.O. Box Number is Not Acceptable) 100 S.E. Second Street **Suite 2900** City Zip Miami 33131 8. The above named entity suppose this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** (NQTE: Registered Agent signature required when reinstating) FEE IS \$150.00 Make Check Payable to **DUE BY MAY 1, 2005** Florida Department of State 9. MANAGING MEMBERS/ MEMBERS 10. ADDITIONS/ CHANGES Change □ Addition ☐ Delete TITLE TITLE NAME NAME Garfunkel, Alejandra P Garfunkel, Alejandra P STREET STREET ADDRESS 100 SE 2nd Street, Suite 2900 ADDRESS 150 Alhambra Circle, Suite 1270 CITY-ST-ZIP CITY-ST-ZIP Coral Gables, FL 33134 Miami, FL 33131 ☐ Delete ☑ Change ☐ Addition TITLE NAME TITLE NAME STREET Garfunkel, Rafael Garfunkel, Rafael STREET ADDRESS CITY-ST-ZIP 100 SE 2nd Street, Suite 2900 ADDRESS CITY-ST-ZIP 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134 Miami, FL 33131 **VPD VPD** ☐ Delete TITLE TITLE NAME NAME STREET Garfunkel, Diego Garfunkel, Diego STREET ADDRESS ADDRESS CITY-ST-ZIP 100 SE 2nd Street, Suite 2900 150 Alhambra Circle, Suite 1270 CITY-ST-ZIP Miami, FL 33131 Coral Gables, FL 33134 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET STREET ADDRESS CITY-ST-ZIP **ADDRESS** CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall before the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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Daytime Phone #

3.51.05

Date