2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000050254 02-23-2005 90063 040 ***150.00 1. Entity Name CARLOS OTT CORP. Principal Place of Business Mailing Address 40061004 601 BRICKELL KEY DR., STE, 201 601 BRICKELL KEY DR., STE. 201 MIAMI, FL 33131 MIAMI, FL 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02172005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 20-0044940 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GUTIERREZ, RENALDY J Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DR., STE. 201 MIAMI, FL 33131 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS >> ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change **PSD** Delete TITLE ... TITLE OTT, CARLOS A NAME NAME 601 BRICKELL KEY DR., STE. 201 STREET ADDRESS STREET ADDRESS MIAMI, FL 33131 CiTY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE OTT, EDUARDO NAME NAME 601 BRICKELL KEY DR., STE. 201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete X Change Addition TITLE TITLE GUTIERREZ, RENALDY J NAME GUTIERREZ, RENALDY J. NAME 601 BRICKELL KEY DR., STE. 201 STREET ADDRESS STREET ADDRESS 601 Brickell Key Drive, Ste. 201 Miami, Florida 33131 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CFTY-ST-ZTP 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 experienced 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 employered.

RENALDY J. GUTTERREZ

02-18-2005

SIGNATURE:

FILED Feb 23, 2005 8:00 am