

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 MAY 15 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SK



04282006 Chg-P CR2E034 (11/05)

4. FEI Number 56-2405717 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TTK SERVICE, LLC
801 BRICKELL AVENUE, SUITE 2380
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name RAFAEL J. SANCHEZ-ABALLI PA

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

445 GERONA AVE

City CORAL GABLES FL 33146

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)

(NOTE: Registered Agent signature required when reappointing)

DATE

4.26.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME PRIETO CANEPA, CARLOS ANTONIO
STREET ADDRESS 801 BRICKELL AVENUE, SUITE 2380
CITY ST ZIP MIAMI, FL 33131

TITLE ☒ Change ☐ Addition
NAME 445 GERONA AVE
STREET ADDRESS CORAL GABLES FL 33146
CITY-ST-ZIP

TITLE DVPT ☐ Delete
NAME PRIETO CANEPA, FERNANDO L
STREET ADDRESS 801 BRICKELL AVENUE, SUITE 2380
CITY ST ZIP MIAMI, FL 33131

TITLE ☒ Change ☐ Addition
NAME 445 GERONA AVE
STREET ADDRESS CORAL GABLES FL 33146
CITY ST ZIP

TITLE DS ☐ Delete
NAME PRIETO BALLAS, BENJAMIN E
STREET ADDRESS 801 BRICKELL AVENUE, SUITE 2380
CITY ST ZIP MIAMI, FL 33131

TITLE ☒ Change ☐ Addition
NAME 445 GERONA AVE
STREET ADDRESS CORAL GABLES FL 33146
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY ST ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 attached form with my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(Signature)
Atty Gen Fael

4.26.00

305.779.5041