2006 FOR PROFIT CORPORATION

Feb 15, 2006 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P03000120860 02-15-2006 90043 027 ***150.00 THE PARC CONDO NO. 912 CORP. Principal Place of Business Mailing Address 150 SE 2ND AVE #1200 150 SE 2ND AVE #1200 40014198 MIAMI, FL 33131 MIAMI. FL 33131 2. Principal Place of Business 3. Mailing Address 1001 BRICKELL BAY DRIVE 1001 BRICKELL BAY DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 02012006 CR2E034 (11/05) 1400 1400 City & State City & State 4 FEI Number Applied For MIAMI, FL MIAMI, FL 20-0847750 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33131 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSEN, BORIS ROSEN, BORIS 150 SE 2ND AVE #1200 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33131 1001 BRICKELL BAY DRIVE STE 1400 City MIAMI Zip Code 33131 8. The above named entity submits this statement for he 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. 06 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE.IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PSTD** TITLE □ Delete TITLE ☐ Change ☐ Addition PSTD - MULLER, FRANK H MULLER, FRANK H NAME NAME 1001 BRICKELL BAY DRIVE STE 1400 STREET ADDRESS 150 SE 2ND AVE #1200 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP MIAMI, FL 33131 THE VD ☐ Delete TITLE VD - MULLER, BRIGITTE J ☐ Change ☐ Addition MULLER, BRIGITTE J NAME NAME 1001 BRICKELL BAY DRIVE STE 1400 STREET ADDRESS 150 SE 2ND AVE #1200 STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME

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 suppliering tal 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 precion of the proposers in Block 10 or Block 11 if changed, or on an attachment with an address, with all pther like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

SIGNATURE:

FRANK H MULLER

STREET ADDRESS CITY-ST-ZIP

2/1/06

(305) 374-2001

FILED

Daytime Phone #